

Benlysta IV (Belimumab) ORDER FORM

REFERRAL TYPE

New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006
	<input type="checkbox"/> 3027 Javier Road Suite 2 Fairfax, VA 22031	

PATIENT INFORMATION

Name: _____ DOB: _____ Email: _____

Address: _____ Weight: _____ KG LBS Phone: _____

REFERRING PHYSICIAN INFORMATION

Name: _____ NPI: _____

Office Contact Name: _____ Phone: _____ Fax: _____

Address: _____

BENLYSTA IV ORDER

We do not accept off-label diagnoses, dosages, or frequencies.

Dosing/Frequency:

Initial/Reloading Dose: 10mg/kg IV on 0, 2, 4 weeks, and then a maintenance dose of every 4 weeks
 Maintenance Dose: 10mg/kg IV every 4weeks
 Other: _____ mg/kg IV every _____ weeks

Diagnosis:

M32—Systemic lupus erythematosus (SLE)
 M32.10—Systemic lupus erythematosus, organ or system involvement unspecified
 M32.19—Other organ or system involvement in systemic lupus erythematosus
 M32.8—Other forms of systemic lupus erythematosus

Other Diagnosis: _____ ICD-10 Code (Required): _____

Special Instructions: _____

Physicians Signature: _____ Date: _____ *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
 - HBV Surface Antigen, CMP and CBC
 - HCV Antibody test
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.