

### Benlysta IV (Belimumab) ORDER FORM

| REFERRAL TYPE  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> New Referral  | <input type="checkbox"/> Order Renewal   | <input type="checkbox"/> Restart  | <input type="checkbox"/> Frequency Change                                     | <input type="checkbox"/> Dosage Change |
| PREFERRED LOCATION   |  |   |   |  |
| <input type="checkbox"/> 2730 University Blvd. West   Suite 714<br>Wheaton, MD 20902   | <input type="checkbox"/> 14995 Shady Grove Road   Suite 250<br>Rockville, MD 20850         | <input type="checkbox"/> 5454 Wisconsin Avenue   Suite 600<br>Chevy Chase, MD 20815   |   |  |
| <input type="checkbox"/> 18111 Prince Philip Drive   Suite 323<br>Olney, MD 20832  | <input type="checkbox"/> 71 Thomas Johnson Drive<br>Frederick, MD 21702                    | <input type="checkbox"/> 2021 K Street, NW   Suite 300<br>Washington, DC 20006  |   |  |
|  | <input type="checkbox"/> 8270 Willow Oaks Corporate Drive   Suite 150<br>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  |  |   |   |  |
| <i>We do not accept off-label diagnoses, dosages, or frequencies.</i>  |  |   |   |  |
| <b>Dosing/Frequency:</b>   |  |   |   |  |
| <input type="checkbox"/> Initial/Reloading Dose: 10mg/kg IV on 0, 2, 4 weeks, and then a maintenance dose of every 4 weeks   |  |   |   |  |
| <input type="checkbox"/> Maintenance Dose: 10mg/kg IV every 4weeks <span style="float: right;"><input type="checkbox"/> Other: _____ mg/kg IV every _____ weeks</span>   |  |   |   |  |
| <b>Diagnosis:</b>  |  |   |   |  |
| <input type="checkbox"/> M32—Systemic lupus erythematosus (SLE)  |  |   |   |  |
| <input type="checkbox"/> M32.10—Systemic lupus erythematosus, organ or system involvement unspecified  |  |   |   |  |
| <input type="checkbox"/> M32.19—Other organ or system involvement in systemic lupus erythematosus  |  |   |   |  |
| <input type="checkbox"/> M32.8—Other forms of systemic lupus erythematosus   |  |   |   |  |
| <input type="checkbox"/> Other Diagnosis:  |  |   | ICD-10 Code (Required):   |  |
| Special Instructions:  |  |   |   |  |
| Physicians Signature:  |  |   | Date: <span style="float: right;"><i>(Order is Valid for One Year)</i></span> |  |
| REQUIRED DOCUMENTATION   |  |   |   |  |
| <b>Please fax the following documents and records:</b>   |  |   |   |  |
| <ul style="list-style-type: none"> <li>● Patient Demographics</li> <li>● Two most recent office notes (Supporting the DX and treatment ordered)</li> <li>● Most recent labs that include values for:               <ul style="list-style-type: none"> <li>● HBV Surface Antigen, CMP and CBC</li> <li>● HCV Antibody test</li> </ul> </li> </ul> |  | <ul style="list-style-type: none"> <li>● Copy of the patient's insurance card(s) – front and back</li> <li>● Medication History</li> <li>● For continuation of treatment, include the last infusion note</li> </ul> |   |  |
| <b><i>We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.</i></b>  |  |   |   |  |