

# OPTIMA HEALTH PLAN

## PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

Directions: *The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-844-202-5034. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.*

**Drug Requested:** Benlysta® (Blimumab) IV (J-0490) (Medical)

**DRUG INFORMATION:** Complete information below. If incomplete, authorization process will be delayed.

Drug Form/Strength/Month: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

**\*\*Medical notes must be submitted to support each line checked on this request.\*\***

**CLINICAL CRITERIA:** ALL boxes below that apply MUST be checked to qualify for Benlysta®. Medical documentation MUST be attached to this request or authorization process will be delayed.

- Diagnosis of Systemic Lupus Erythematosus  YES  NO
- Member is autoantibody (e.g. ANA, anti-ds-DNA, anti-SM) positive  YES  NO
- Prescribed in combination with standard therapy: corticosteroids, immunosuppressive/cytotoxic agents, antimalarials  YES  NO

**MEDICATION BEING PROVIDED BY (check applicable box below):**

Physician's office

**OR**

Specialty Pharmacy:

Briova SpecialtyRx

**\*\*Use of samples to initiate therapy does not meet step edit/preauthorization criteria.\*\***

**\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\***

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

\*Approved by Pharmacy and Therapeutics Committee: 7/21/11

REVISED/UPDATED: 7/20/2011; 8/15/2011; 4/2/2012; 4/19/2012; 8/8/2014; 10/31/2014; 4/3/2015; 5/23/2015; 12/30/2015; 1/29/2016; 8/17/2016; 9/22/2016; 12/11/2016; 7/24/2017; 12/16/2017.