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 1-844-723-2094. 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) **(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 that apply must be checked to qualify for Benlysta®.

- 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*:*** ❑ **PropriumRx**

*****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**;