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 1-800-750-9692. 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® (belimumab) **SQ** ***(Pharmacy Only)***

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

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code**: _____

Benlysta® SubQ: – 200 mg/mL once weekly, single-dose prefilled autoinjector or single-dose prefilled syringe

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

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

- Diagnosis of Systemic Lupus Erythematosus (SLE)? ❑ YES ❑ NO
- Member is autoantibody (e.g. ANA, anti-ds-DNA, anti-SM) positive? ❑ YES ❑ NO
- Tried and failed ***all three (3)*** of the standard therapy below? ❑ YES ❑ NO

• corticosteroids	• immunosuppressive/cytotoxic agents	• antimalarials

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**: 7/21/2011
REVISED/UPDATED: 12/6/2017