

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.

- Member has diagnosis of Systemic Lupus Erythematosus (SLE) YES NO
- Member is autoantibody (e.g. ANA, anti-ds-DNA, anti-SM) positive YES NO
- Member tried and failed all three (3) of the **standard therapies below within the last 18 months (paid pharmacy claims MUST be verified)** 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; 2/16/2018