

## Benlysta® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>		Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>			

Clinical Information (required)	
<b>Select the diagnosis below:</b>	
<input type="checkbox"/> Active systemic lupus erythematosus (SLE)	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
<b>Clinical Information:</b>	
Is the patient autoantibody positive (i.e., anti-nuclear antibody [ANA] titer greater than or equal to 1:80 or anti-dsDNA level greater than or equal to 30 IU/mL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Lab documentation must be submitted</i>	
Select if the patient has tried and failed the standard therapies below within the last 18 months:	
<input type="checkbox"/> Antimalarials	
<input type="checkbox"/> Corticosteroids	
<input type="checkbox"/> Immunosuppressive/cytotoxic agents	
<i>Paid pharmacy claims will be verified</i>	
<b>Chart notes and any lab results MUST be submitted with this request</b> <b>**Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.**</b> <b>*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.*</b>	
<b>Prescriber Signature:</b> _____ <b>Date:</b> _____	

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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Please note: This request may be denied unless all required information is received.  
 For urgent or expedited requests please call 1-800-711-4555.  
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.