



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Benlysta

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note any information left blank or illegible may delay the review process.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, and State Lic ID.

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. What diagnosis is this drug being prescribed for (pick one)?
Q2. Please provide ICD code(s) for diagnosis:
Q3. Is Benlysta being used in combination with at least one standard SLE therapy...
Q4. Does the patient have documented intolerance, FDA-labeled contraindication, or hypersensitivity...
Q5. Is the prescribing physician a rheumatologist?
Q6. Does the patient have severe active lupus nephritis?
Q7. Does the patient have severe active central nervous system lupus?



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Patient Name:	Prescriber Name:
	Supervising Physician:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. Is Benlysta being used in combination with other biologic therapies (e.g., Actemra, Cimzia, Enbrel, Orencia, Remicade, Rituxan, Simponi, Stelara)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9. Is Benlysta being used in combination with intravenous cyclophosphamide?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10. Additional comments:	

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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