



## Benlysta

### HMSA Medicare Advantage - Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Patient's Phone Number:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.*

#### Additional Demographic Information:

*Patient Weight:* \_\_\_\_\_ *kg*  
*Patient Height:* \_\_\_\_\_ *ft* \_\_\_\_\_ *inches*

#### **Indicate where the drug is being dispensed:**

- Office  Outpatient Hospital  Ambulatory Surgical  Inpatient Hospital
- Off Campus Outpatient Hospital  Urgent Care  Emergency Room  Birthing Center
- Military Facility  Skilled Nursing Facility  Nursing Facility  Hospice
- Inpatient Psychiatric  Psychiatric Residential Treatment  End Stage Renal Facility
- Psychiatric Facility  Pharmacy  Other

#### **Indicate where the drug is being administered:**

- Ambulatory surgical  Home  Inpatient Hospital
- Office  Outpatient Hospital  Pharmacy

What is the ICD-10 code? \_\_\_\_\_

**Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512**

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**Phone: 1-808-254-4414 • Fax: 1-866-237-5512 • www.caremark.com**

**Criteria Questions:**

1. What is the diagnosis?
- Active systemic lupus erythematosus (SLE), *Continue to #2*
  - Active lupus nephritis, *Continue to #2*
  - Other, *No Further Questions*

**EXCLUSIONS**

2. Will the requested drug be used in combination with other biologics?
- Yes, *Continue to #3*
  - No, *Continue to #3*
3. Is the patient currently receiving therapy with the requested drug?
- Yes, *Continue to #10*
  - No, *Continue to #4*
4. Does the patient have severe active central nervous system (CNS) lupus (including seizures that are attributed to CNS lupus, psychosis, organic brain syndrome, cerebritis, or CNS vasculitis requiring therapeutic intervention before initiation of the requested drug)?
- Yes, *Continue to #20*
  - No, *Continue to #20*

**CONTINUATION**

10. Is the patient receiving benefit from therapy, defined as disease stability or improvement? *If Yes, medical records (e.g., chart notes, lab reports) documenting disease stability or improvement must be available upon request.*
- Yes, *No Further Questions*
  - No, *No Further Questions*

**INITIATION**

20. What is the diagnosis?
- Active systemic lupus erythematosus (SLE), *Continue to #21*
  - Active lupus nephritis, *Continue to #24*
21. Prior to initiating therapy, is the patient positive for autoantibodies relevant to systemic lupus erythematosus (SLE) (e.g., anti-nuclear antibody [ANA], anti-ds DNA, anti-Sm, antiphospholipid antibodies, complement proteins)? *If Yes, medical records (e.g., chart notes, lab reports) documenting the presence of autoantibodies relevant to SLE (e.g., ANA, anti-ds DNA, anti-Sm, antiphospholipid antibodies, complement proteins) must be available upon request*
- Yes, *Continue to #22*
  - No, *Continue to #22*
22. Is the patient receiving a stable standard treatment for systemic lupus erythematosus (SLE) with any of the following (alone or in combination)?
- Glucocorticoids (e.g., prednisone, methylprednisolone, dexamethasone)
  - Antimalarials (e.g., hydroxychloroquine)
  - Immunosuppressants (e.g., azathioprine, methotrexate, mycophenolate, cyclosporine, cyclophosphamide)
  - Nonsteroidal anti-inflammatory drugs (NSAIDs, e.g., ibuprofen, naproxen)

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- Yes, *No Further Questions*
- No, *Continue to #23*

23. Does the patient have a clinical reason to avoid treatment with a standard treatment regimen for systemic lupus erythematosus?

Please provide the clinical reason \_\_\_\_\_

- Yes, *No Further Questions*
- No, *No Further Questions*

24. Prior to initiating therapy, is the patient positive for autoantibodies relevant to systemic lupus erythematosus (SLE) (e.g., anti-nuclear antibody [ANA], anti-ds DNA, anti-Sm, antiphospholipid antibodies, complement proteins) or was the diagnosis of lupus nephritis confirmed by kidney biopsy? *If Yes, medical records (e.g., chart notes, lab reports) documenting the presence of autoantibodies relevant to SLE (e.g., ANA, anti-ds DNA, anti-Sm, antiphospholipid antibodies, complement proteins) or kidney biopsy results must be available upon request.*

- Yes, *Continue to #25*
- No, *Continue to #25*

25. Is the patient receiving a stable standard therapy regimen (e.g., cyclophosphamide, mycophenolate mofetil, azathioprine, corticosteroids) for active lupus nephritis?

- Yes, *No Further Questions*
- No, *Continue to #26*

26. Does the patient have a clinical reason to avoid a standard therapy regimen (e.g., cyclophosphamide, mycophenolate mofetil, azathioprine, corticosteroids) for lupus nephritis?

Please provide the clinical reason \_\_\_\_\_

- Yes, *No Further Questions*
- No, *No Further Questions*

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

X \_\_\_\_\_

**Prescriber or Authorized Signature**

**Date (mm/dd/yy)**

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