

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



[[PANUMCODE]]

Benlysta

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 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at 1-866-814-5506. 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: {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}
Patient's ID {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, **NPI#:** _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What is the patient's diagnosis?
 Active systemic lupus erythematosus (SLE) Active lupus nephritis
 Other _____
2. What is the ICD-10 code? _____
3. Will the patient be using the requested drug in combination with other biologics? Yes No
4. Is the patient currently receiving treatment with the requested medication? Yes No *If No, skip to #6*
5. Has the patient achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition? **ACTION REQUIRED: If Yes, attach medical records (e.g., chart notes, lab reports) documenting disease stability or improvement.**
 Yes No *No further questions*
6. Does the patient have severe active central nervous system (CNS) lupus [including seizures that are attributed to CNS lupus, psychosis, organic brain syndrome, cerebrovascular accident, cerebritis, or CNS vasculitis requiring therapeutic intervention within 60 days before initiation of belimumab (Benlysta)]? Yes No
7. Prior to initiating therapy, is the patient positive for autoantibodies relevant to systemic lupus erythematosus (SLE) (e.g., ANA, anti-ds DNA, anti-Sm)? **ACTION REQUIRED: If Yes, attach medical records (e.g., chart notes, lab reports) documenting the presence of autoantibodies relevant to SLE (e.g., ANA, anti-ds DNA, anti-Sm).** Yes No Unknown

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Active Systemic Lupus Erythematosus (SLE)

8. Is the patient currently receiving a stable standard treatment regimen for systemic lupus erythematosus (SLE) with any of the following (alone or in combination)?
 Glucocorticoids (e.g., prednisone, methylprednisolone, dexamethasone)
 Antimalarials (e.g., hydroxychloroquine)
 Immunosuppressives (e.g., azathioprine, methotrexate, mycophenolate, cyclosporine, cyclophosphamide)
 None of the above

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155

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Section B: Active Lupus Nephritis

9. Does the patient have clinically active lupus renal disease? Yes No

10. Is the patient currently receiving a stable standard induction and maintenance treatment for lupus nephritis (e.g., cyclophosphamide, mycophenolate mofetil, azathioprine, glucocorticoids)? Yes No

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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