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.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

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

 Benlysta HMSAMED C26096-A – 08/2024.

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)

❒ 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)**