



15 Earhart Drive, Suite 101, Amherst, NY 14221

# BENLYSTA AUTHORIZATION/RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Last Name		First Name		Today's Date					
Date of Birth:		Sex:	Weight:		Prescriber		Specialty:		
Home Phone Number		Work Phone Number		Phone Number		Fax Number			
Home Address		City	State	Zip		Address	City	State	Zip
Member's Insurance ID:				Office Contact:					
Allergies:				Notes:					

STATEMENT OF MEDICAL NECESSITY		<input type="checkbox"/> Authorization <input type="checkbox"/> Re Authorization**	
Primary Diagnosis: _____		Drug Name: _____	
ICD10 Code: _____		Dose: _____ <input type="checkbox"/> IV <input type="checkbox"/> SQ	
1. Is the patients diagnosis Antibody Positive Systemic Lupus Erythematosus? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: _____	
2. Is the patient receiving standard therapy for SLE which may include: <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Immunosuppressives <input type="checkbox"/> Antimalarials <input type="checkbox"/> NSAIDs <input type="checkbox"/> Biologics Current Treatment _____ _____ _____		Patient Self-Injecting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does patient have an active infection? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>**Re-Authorization:</b> <ul style="list-style-type: none"> <li>▪ Has patient shown improvement of disease status and/or disease stability?     <input type="checkbox"/> Yes     <input type="checkbox"/> No</li> </ul> Please submit adequate documentation.	
4. Has patient received a live vaccine within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Does patient have active lupus nephritis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Does patient have central nervous system lupus? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Has patient received intravenous cyclophosphamide within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date received _____			