



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Benlysta

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans 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 (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, Strength, Refills, Specialty Pharmacy.

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Questions Q1-Q8 regarding renewal, use, age, intravenous infusion, patient age, specialist consultation, diagnosis, and therapeutic failure.

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Patient Name: Prescriber Name:

SLE: hydroxychloroquine, mycophenolate, azathioprine; for LN: mycophenolate, IV or oral cyclophosphamide, azathioprine, oral glucocorticoid) OR being transitioned from Benlysta Intravenous administration?

Yes No

Q9. Is the patient currently being treated for any active infection?

Yes No

Q10. Does the patient tolerate the medication without side effects?

Yes No

Q11. Does the patient have any active infection?

Yes No

Q12. Is there documentation showing a positive clinical response to Benlysta?

Yes No

Q13. Additional Information:

Q14. Requested Duration:

12 Months

Prescriber Signature

Date

Updated for 2022