

# HEALTHCHOICE

3545 NW 58, Suite 500, Oklahoma City, OK 73112  
Phone: 1-800-543-6044 or 1-405-717-8879  
FAX: 1-405-717-8947 or 1-405-717-8935

## BENLYSTA REQUEST

This information is private and confidential.

(◆) Billing Provider: \_\_\_\_\_ (◆) Date: \_\_\_\_\_

(◆) Billing Address: \_\_\_\_\_

(◆) TIN: \_\_\_\_\_ Contact Person : \_\_\_\_\_

Phone: \_\_\_\_\_ (◆) Fax # : \_\_\_\_\_

(◆) Patient: \_\_\_\_\_ (◆) DOB: \_\_\_\_\_

(◆) Member: \_\_\_\_\_ (◆) Member ID #: \_\_\_\_\_

Diagnosis & Summary of Care: \_\_\_\_\_

(◆) Physician's Name: \_\_\_\_\_

### Benlysta Criteria:

Diagnosis:  710.0 Systemic Lupus Erythematosus (SLE)

Positive ANA test?  Yes  No Date of positive test: \_\_\_\_\_

PPD Test: Date: \_\_\_\_\_ Positive?  Yes  No

### STANDARD THERAPY

Must have failed and/or had incomplete response to one or more of the following disease modifying agents:

Imuran	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Intolerant	<input type="checkbox"/>	Incomplete Response
Methotrexate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Intolerant	<input type="checkbox"/>	Incomplete Response
Arava	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Intolerant	<input type="checkbox"/>	Incomplete Response
CellCept	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Intolerant	<input type="checkbox"/>	Incomplete Response
Azulfidine	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Intolerant	<input type="checkbox"/>	Incomplete Response
Cytosan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Intolerant	<input type="checkbox"/>	Incomplete Response

(◆) CPT/HCPCS Codes Utilized: \_\_\_\_\_

Initial authorization is for six months and then an updated review is required.

### CERT MET / PENALTY APPLIES

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** These benefits are applicable only if the patient is eligible for HealthChoice, and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1-800-782-5218.

**MEDICARE PATIENTS:** If HealthChoice is supplement, all services requested must initially be approved by Medicare.

(◆) **DENOTES INFORMATION REQUIRED TO COMPLETE REVIEW FOR CERTIFICATION**