



BlueCross BlueShield
of Kansas City

An Independent Licensee of the
Blue Cross and Blue Shield Association

**Prior Authorization
Benlysta**

Please **fax** completed forms to **(816) 502-4915**

If you have any questions please call (816) 395-2176

Benlysta will be considered for coverage for the treatment of autoantibody-positive systemic lupus erythematosus in patients who are on one or more of the following: immunosuppressants, NSAIDs, hydroxychloroquine, or high dose corticosteroids.

Patient Name: _____ DOB: _____

BCBSKC ID (NOT SS#): _____

Diagnosis or ICD-9 Code: _____

Dosage/Units requested: _____

Medications currently used for this dx: _____

ANA titre: _____ OR anti-dsDNA _____

Please attach any additional information (i.e. progress notes or medical literature) that would support the use of this medication.

Benlysta may be provided by one of the following:

Curascript
Phone: 877-259-2295
Fax: 888-773-7386

Walgreens Specialty
Phone: 888-884-8714
Fax: 877-231-8302

Physician Information – Please Print

Physician's Name: _____

BCBSKC 8 digit provider # or NPI#: _____

Address: _____

Phone: _____ Fax: _____

Please allow two (2) business days from date of receipt of all necessary information for determination.
Duplicate submissions slow the process.

All patient information is strictly confidential.
Incomplete forms will be returned.