

Blue Cross Medicare Plus BlueSM PPO and BCN AdvantageSM Medication Authorization Request Form SaphenloTM (anifrolumab-fnia) J3590

The most efficient way to request authorization is to use the NovoLogix[®] system. To access NovoLogix, visit bcbsm.com/providers and log in to Provider Secured Services. Click the link for Medical Prior Authorization. As an alternative, you can use this form to request authorization. Complete this form and fax to 1-866-392-6465. If you have any questions regarding this process, contact the Pharmacy Clinical Help Desk at 1-800-437-3803.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
Date of birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Diagnosis (include ICD-10)	City/State/Zip
Drug Name	Phone: () - Fax: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Services	Contact Person's Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

1. Is this request for initiation or continuation of Saphnelo? Initiation Continuation
2. Please provide the patient's diagnosis. Select all that apply. Systemic lupus erythematosus (SLE) Other.
 Please specify the patient's diagnosis. _____
3. Has the patient tested positive for anti-nuclear antibody (ANA) titer > 1:80 or anti-double stranded DNA > 30 IU/mL? Yes No
4. Has the patient tried at least 12 weeks any of the following medications?
Select all that apply. Chloroquine Hydroxychloroquine Methotrexate Azathioprine Cyclophosphamide Mycophenolate
 None Other _____
5. Does the patient have a contraindication or intolerance to chloroquine, hydroxychloroquine, methotrexate, azathioprine, cyclophosphamide or mycophenolate? Yes No
6. Please check concomitant medications the patient will be receiving while on Saphnelo. Select all that apply.
 Antimalarials (such as hydroxychloroquine) corticosteroids (such as prednisone)
 Non-biologic immunosuppressive (such as azathioprine, methotrexate, cyclophosphamide or cyclosporine).
 Other. Please specify. _____
7. Does the patient have severe active lupus nephritis or severe active central nervous system lupus? Yes No
8. Will Saphnelo be used in combination with other biologics? Yes No

Please attach any chart notes or additional documentation and submit to plan. (Required)

Coverage won't be provided if the prescribing physician's signature and date aren't reflected on this document.

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Attached Chart Notes	<input type="checkbox"/> Concurrent Medical Problems <input type="checkbox"/> Prior Therapies
Step 3: Submit	Fax the completed form to 1-866-392-6465	

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