

January 13, 2020

Bella Fradlis, MD
Orange Regional Medical Ctr
707 E Main St
Middletown, NY 10940

Re: Verification of Benefits for **Aris Diaz**

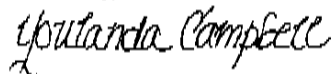
Dear Bella Fradlis, MD:

Thank you for contacting the BENLYSTA (belimumab) Gateway to request a verification of benefits for **Aris Diaz**. Please see the attached Benefit Summary for coverage details.

The information contained in this report was obtained verbally from the patient's insurer. The BENLYSTA Gateway does not guarantee or provide any explicit or implicit warranty of coding, coverage, or reimbursement. Coding, coverage and reimbursement policies vary significantly by payer, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims.

If you have any questions, please contact me at 1-877-4-BENLYSTA (1-877-423-6597) between 8:00 AM and 8:00 PM Eastern Time, Monday through Friday.

Sincerely,



Youlanda Campbell

BENLYSTA (belimumab) Gateway Benefit Summary for Aris Diaz

A benefit verification solely with respect to treatment with BENLYSTA was completed for your patient on 01/13/2020. If you have any questions related to this Benefit Summary, please contact the BENLYSTA Gateway at 1-877-4-BENLYSTA (1-877-423-6597), Monday through Friday between the hours of 8:00 AM and 8:00 PM Eastern Time.

Contact Information			
Prescribing Physician Name: Bella Fradlis, MD		Site Name: Orange Regional Medical Ctr	
Patient Record ID: BG003FVC		Benefits Verified By: Lakisha Anthony	
Patient Name: Aris Diaz		Date of Birth: 11/15/1977	
Primary Insurance			
Payer Name: Fidelis Care NY		Policy Number: 742308928-00	
Payer Phone: (888) 727-5579		Group Number: NYN00000	
Plan Name: Medicaid Managed Care		Plan Type: Medicaid Managed Care	
Employer Name:		Policy Effective Date: 10/01/2019	
Provider's Network Status: In Network		Benefit Renewal Type: Calendar	
Verified for Diagnosis: M32.9		Verified With: CVS Caremark (Ref# Sallys1222019)	
Primary Insurance Results			
Route of Administration	BENLYSTA for subcutaneous use (SC)		
Site of Care	N/A		
Benefit Type	Pharmacy		
Coverage	Covered with Restrictions		
Limitations and Restrictions	Prior Authorization		
Deductible:	Undisclosed	Met:	Undisclosed
Patient Cost-share for BENLYSTA	Undisclosed		
Patient Cost-share for product administration	Undisclosed		
Out-of-Pocket Maximum	Undisclosed	Met:	Undisclosed
Lifetime Maximum:	N/A	Incurred:	N/A
Prior Authorization (PA) Required?	Yes		
PA Details and Next Steps	Prior authorization is required and is currently not on file for Benlysta SC. Authorization request can be submitted via phone by calling (888) 343-3547. Please have available name of Benlysta, Strength, Dx code. Provider, Phone, Fax, TID, NPI and address. Turnaround time is 72 hours. Notification to the provider is by fax. Notification to the patient is by phone.		
Payer Suggested Coding Options	The specialty pharmacy provider will bill for Benlysta. Actual reimbursement is based upon payer contracts or fee schedules.		
Additional Comments	This is a commercial, prescription plan with CVS Caremark effective from 10/01/2019 thru 09/30/2020. BENLYSTA for subcutaneous use (SC) is covered through the pharmacy benefit with NDC# 49401-0088-35 (auto-injector) or		

	49401-0088-47 (syringe). Benefits are undisclosed without a valid prior authorization/appeal on file. Tier level 5, Tier category Specialty. Patient may access BENLYSTA for subcutaneous use (SC) from the following pharmacies: CVS Specialty telephone # (800) 237-2767 and fax # (855) 230-2445. No is no Mandatory SPP.
Specialty Pharmacy Option	Yes
Specialty Pharmacy Details	CVS Specialty telephone # (800) 237-2767 and fax # (855) 230-2445 and any pharmacy in the Fidelis SPP network (no phone # listed for Fidelis SPP). There is no Mandatory SPP.

BENLYSTA[®] (belimumab)**BENLYSTA Gateway**

PO Box 222173
Charlotte, NC 28222-2173
Phone (877) 423-6597
Fax (877) 850-9901

**FAX COVER
PAGE****To:** Bella Fradlis, MD**Date:** 01/13/2020**Fax Number:** (845) 333-1957**Subject:** BG003FVC**Pages:** 4(including cover)**Notes:****CONFIDENTIALITY NOTE**

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