OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
Visit go.covermymeds.com/OptumRx to begin using this free service.
Please note: All information below is required to process this request.
Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Arzerra® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:
❑ Previously untreated chronic lymphocytic leukemia
❑ Recurrent or progressive chronic lymphocytic leukemia
❑ Refractory chronic lymphocytic leukemia
❑ Relapsed chronic lymphocytic leukemia
❑ Other diagnosis: ____ ICD-10 Code(s): ___________________________________

Provider's Specialty:
Is Arzerra prescribed by or in consultation with a hematologist/oncologist? ❑ **Yes** ❑ **No**

For previously untreated chronic lymphocytic leukemia (CLL), answer the following:
Is the patient an appropriate candidate for fludarabine-based therapy? ❑ **Yes** ❑ **No**
Will Arzerra be used in combination with chlorambucil? ❑ **Yes** ❑ **No**

For recurrent or progressive chronic lymphocytic leukemia (CLL), answer the following:
Is the disease recurrent or progressive? ❑ **Yes** ❑ **No**
Will Arzerra be used for the extended treatment of patients who are in complete or partial response after at least two lines of therapy? ❑ **Yes** ❑ **No**

For refractory chronic lymphocytic leukemia (CLL), answer the following:
Select if the disease is refractory to the following:
❑ Campath (alemtuzumab) ❑ Fludara (fludarabine)

For relapsed chronic lymphocytic leukemia (CLL), answer the following:
Will Arzerra be used in combination with fludarabine? ❑ **Yes** ❑ **No**
Will Arzerra be used in combination with cyclophosphamide? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?
____

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Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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