



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

Rituxan Hycela® 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:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Chronic lymphocytic leukemia (CLL)	
<input type="checkbox"/> Diffuse large B-cell lymphoma	
<input type="checkbox"/> Follicular lymphoma	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
Clinical Information:	
Is this request for continuation of prior Rituxan Hycela therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the patient used Rituxan Hycela within the past 120 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Rituxan Hycela prescribed by or in consultation with a hematologist or oncologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the patient receive a full induction dose of intravenous Rituxan (rituximab) prior to the initiation of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For chronic lymphocytic leukemia (CLL), also answer the following:	
Will Rituxan Hycela be used in combination with fludarabine and cyclophosphamide (FC) therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For diffuse large B-cell lymphoma, also answer the following:	
Does the patient have disease that is previously untreated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will Rituxan Hycela be used in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthra cycline-based chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For follicular lymphoma, also answer the following:	
Does the patient have follicular CD20-positive lymphoma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have relapsed or refractory disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the patient exhibited complete or partial response to prior treatment with rituximab in combination with chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have non-progressing or stable disease following prior treatment with first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have disease that is previously untreated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will Rituxan Hycela be used in combination with first-line chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> 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?

Please note: This request may be denied unless all required information is received. If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555. 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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