

Pharmacy

PRIOR AUTHORIZATION FORM

For Prior Authorization, please fax toll-free (877) 974-4411, or local number (616) 942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Arzerra[®] (ofatumumab)

URGENT (life threatening)

Non-Urgent (standard review)

A claim involving "urgent care" applies when the standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

PROVIDER NAME:

Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

Provider Signature

Date

PRODUCT INFORMATION

Arzerra[®] 100mg/5ml

Dose: _____

Diagnosis: _____

Start date: _____

BILLING INFORMATION

Place of administration:

- Self-administered
 Provider's Office
 Outpatient Infusion Center
 Center Name: _____
 Home Infusion
 Agency Name: _____

Billing Options:

- Physician buy and bill
 Preferred Specialty Vendor
 Other: _____

PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION

Authorization for Arzerra[®] (ofatumumab) requires the following information to certify:

A. Patient has a diagnosis of chronic lymphocytic leukemia (CLL) refractory to fludarabine (Fludara[®]) and alemtuzumab (Campath[®]):

Yes

No – Rationale for use: _____

B. Has the patient had a trial and failure, or inability to take all preferred regimens as listed in the NCCN guidelines for refractory CLL?

Yes – please list regimens and dates:

No – Rationale for use:

PRECERTIFICATION REQUIREMENTS

PRIORITY HEALTH PRECERTIFICATION REQUIREMENTS

Authorization for Arzerra[®] (ofatumumab) requires the following information to certify:

1. Patient must have the following diagnosis:

- Chronic lymphocytic leukemia (CLL) refractory to fludarabine and alemtuzumab.
- Trial and failure, or inability to take all preferred regimens as listed by NCCN guidelines for refractory CLL.

*** All fields must be complete and legible for Prior Authorization Review***

Please fax this request to: (877)974-4411 toll free or (616)942-8206

YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX