

# Medical Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial Individual (Optimized)**

☒ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Rituxan Hycela<sup>®</sup> (rituximab / hyaluronidase)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product and Billing Information

☐ New request ☐ Continuation of therapy

Drug product: ☐ Rituxan Hycela 1,400 mg / 23,400 units vial  
☐ Rituxan Hycela 1,600 mg / 26,800 units vial

**ICD-10 Diagnosis code(s):** \_\_\_\_\_  
**Start date** (or date of next dose): \_\_\_\_\_  
**Date of last dose** (if applicable): \_\_\_\_\_  
**Date of next dose** (if applicable): \_\_\_\_\_  
**Dose:** \_\_\_\_\_ **Dose Frequency:** \_\_\_\_\_  
**Number of cycles requested:** \_\_\_\_\_

Place of administration: ☐ Physician's office  
☐ Outpatient infusion  
 Facility: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_  
☐ Home infusion  
 Agency: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing: ☐ Physician to buy and bill  
☐ Facility to buy and bill  
☐ Specialty Pharmacy  
 Pharmacy: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

## Precertification Requirements

The following diagnoses are covered (additional criteria noted for each diagnosis, if applicable):

1. Diffuse large B-cell lymphoma (DLBCL)
  - Previously untreated DLBCL in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens
2. Follicular lymphoma (FL)
  - Relapsed or refractory FL as a single agent
  - Previously untreated FL in combination with first line chemotherapy, and in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as single-agent maintenance therapy
  - Non-progressing (including stable disease) FL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy
3. Chronic lymphocytic leukemia (CLL)
  - in combination with fludarabine and cyclophosphamide (FC)

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

## Priority Health Precertification Documentation

### A. What condition is this drug being requested for?

- ☐ Diffuse large B-cell lymphoma (DLBCL)  
☐ Follicular lymphoma (FL)  
☐ Chronic lymphocytic leukemia (CLL)  
☐ Other – rationale for use: \_\_\_\_\_

### B. Has or will the patient receive one full dose of Rituxan by IV infusion prior to using Rituxan Hycela?

- ☐ Yes  
☐ No; *rationale for use:* \_\_\_\_\_

### For diffuse large B-cell lymphoma:

#### A. Has the patient been previously treated?

- ☐ No  
☐ Yes; *rationale for use:* \_\_\_\_\_

#### B. Will Rituxan Hycela be used in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or another anthracycline-based chemotherapy regimen?

- ☐ Yes  
☐ No; *rationale for use:* \_\_\_\_\_

### For follicular lymphoma:

#### A. Please indicate which of the following best describe the patient's disease type:

- ☐ Relapsed or refractory  
 Will Rituxan Hycela be used in combination with another chemotherapy?  
☐ No  
☐ Yes; *rationale for use:* \_\_\_\_\_

- ☐ Previously untreated  
 Will Rituxan Hycela be used in combination with another chemotherapy?  
☐ No  
☐ Yes; *rationale for use:* \_\_\_\_\_

☐ Non-progressing (including stable)

Has the patient used cyclophosphamide, vincristine, and prednisone (CVP)?

☐ Yes

☐ No; *rationale for use:* \_\_\_\_\_

Will Rituxan Hycela be used in combination with another chemotherapy?

☐ No

☐ Yes; *rationale for use:* \_\_\_\_\_

**For chronic lymphocytic leukemia:**

A. Will Rituxan Hycela be used in combination with fludarabine and cyclophosphamide (FC)?

☐ Yes

☐ No; *rationale for use:* \_\_\_\_\_