PriorityHealth

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® (rituximab)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Phys. Phone: _____ Phys. Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product and Billing Information

☐ New Request ☐ Continuation Request

Drug product: ☒ Rituxan 10 mg/mL

Dose:_____ **Dose Frequency:**_____

Start date: _____

Date of last dose: _____

Date of next dose: _____

Number of cycles requested: _____

Height: _____ **Weight:** _____ ***Body Surface Area:**_____

*Note: BSA (m^2) = ([height(in) x weight (lbs)] / 3131)^{½}

Place of administration:

☐ Physician's office

☐ Outpatient infusion

Facility: _____ NPI:_____ Fax:_____

☐ Home infusion

Facility: _____ NPI:_____ Fax:_____

Billing:

☐ Physician to buy and bill

☐ Facility to buy and bill

☐ Specialty Pharmacy

Pharmacy:_____ NPI:_____ Fax:_____

ICD-10 Diagnosis code(s): _____

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 05/2012

Last reviewed 09/2017

Precertification Requirements

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

1. Acute lymphocytic leukemia (ALL)
2. Autoimmune hemolytic anemia
3. B-cell lymphoma
4. Chronic lymphoid leukemia (CLL)
5. Dermatomyositis
    - Must be refractory to standard therapy
6. Evans syndrome
    - Must have a therapeutic trial and clinical failure with immunosuppressive therapy
7. Grave's disease/ophthalmopathy
8. Graft versus host disease
9. Hodgkin's disease (CD20-positive)
10. Idiopathic thrombocytopenic purpura (ITP)
    - Must meet one of the following:
        1. Patient did not respond to plasma exchange
        2. Patient developed worsening disease in spite of continuing plasma exchange with glucocorticoids
        3. Patient has relapsing disease
11. Mantle cell lymphoma (MCL)
    - Must have previously untreated disease
12. Microscopic polyangiitis (MPA)
    - Must be unable to take cyclophosphamide due to a medical reason
13. Multicentric Castleman's disease (MCD) associated with HHV-8 in HIV-infected patients
14. Pre-transplant to suppress panel reactive anti- HLA antibodies in individuals with high panel reactive antibody (PRA) levels to human leukocyte antigens (HLA)
15. Neuromyelitis optica
16. Non-Hodgkin's lymphoma (NHL)
17. Pemphigus vulgaris
    - Must have refractory disease when used after a therapeutic trial and clinical failure with immunosuppressive therapy
18. Polymyositis
    - Must be refractory to standard therapy
19. Post-transplant lymphoproliferative disorder
20. Relapsing-Remitting Multiple Sclerosis
21. Rheumatoid arthritis
    - Must be used in combination with methotrexate; and
    - Must be used after a documented therapeutic trial and clinical failure with one DMARD and one self-injectable TNF antagonist (e.g. Enbrel, Humira)
22. Systemic lupus erythematosus
    - Must be refractory to immunosuppressive therapy in pediatric patients
23. Waldenstrom's macroglobulinemia
24. (Wegener's) Granulomatosis with polyganiitis (GPA)

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

What condition is this drug being requested for?

- ☐ Acute lymphocytic leukemia (ALL)
- ☐ Autoimmune hemolytic anemia
- ☐ B-cell lymphoma
- ☐ Chronic lymphoid leukemia (CLL)
- ☐ Dermatomyositis

    Is the patient refractory to standard therapy?

    - ☐ Yes. **List therapies**: _____
    - ☐ No. **Rationale for use**: _____

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Last reviewed 09/2018

☐ Evans syndrome*:*

Did the patient try and fail with immunosuppressive therapy?

☐ Yes. **List therapies**: _____

☐ No. **Rationale for use**: _____

☐ Grave's disease
☐ Graft versus host disease
☐ Hodgkin's disease (CD20-positive)
☐ Idiopathic thrombocytopenic purpura, ***when one of the following criteria is met:***
- ☐ Patient did not respond to plasma exchange
- ☐ Patient developed worsening disease in spite of continuing plasma exchange plus glucocorticoids
- ☐ Patient has relapsing disease

☐ Mantle cell lymphoma (MCL)

Does the patient have previously untreated disease?

☐ Yes.

☐ No. **Rationale for use**: _____

☐ Microscopic polyangiitis (MPA)

Is the patient unable to take cyclophosphamide for a medical reason?

☐ Yes. **Medical reason**: _____

☐ No. **Rationale for use**: _____

☐ Multicentric Castleman's disease associated with HHV-8 in HIV-infected patients
☐ Pre-transplant to suppress panel reactive anti- HLA antibodies
☐ Neuromyelitis optica
☐ Non-Hodgkin's lymphoma (NHL)
☐ Pemphigus vulgaris

Does the patient have refractory disease?

☐ Yes.

☐ No. **Rationale for use**: _____

Has the patient tried and failed with immunosuppressive therapy?

☐ Yes. **List therapies**: _____

☐ No. **Rationale for use**: _____

☐ Polymyositis

Has the patient failed standard therapy?

☐ Yes.

☐ No. **Rationale for use**: _____

☐ Post-transplant lymphoproliferative disorder
☐ Relapsing-Remitting Multiple Sclerosis
☐ Rheumatoid arthritis

Is rituximab being used in combination with methotrexate?

☐ Yes.

☐ No. **Rationale for use**: _____

Has the patient tried and failed with one DMARD?

☐ Yes. **List therapies**: _____

☐ No. **Rationale for use**: _____

Has the patient tried and failed with one self-injectable TNF antagonist?

☐ Yes. **List therapies:** _____

☐ No. **Rationale for use**: _____

☐ Systemic lupus erythematosus

Is the patient a pediatric patient?

☐ Yes.

☐ No. **Rationale for use**: _____

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Last reviewed 09/2018

Is the patient refractory to immunosuppressive therapy?

☐ Yes. **List therapies:** _____

☐ No. **Rationale for use**: _____

☐ Waldenstrom's macroglobulinemia
☐ (Wegener's) Granulomatosis with polyangiitis (GPA)
☐ Other – rationale for use: _____

Additional Information

When authorized, approval will be limited to the dose and duration outlined below.

Table 1. Dose and duration of authorization

Indication	Initial Authorization	Continuation Authorization
Rheumatoid arthritis	• Approved for 2 doses • Approved dosage is 1,000 mg IV given on days 1 and 15 (may be repeated 6 months later)	• Approved for 12 months when the patient has responded to treatment, as determined by the prescriber • Approved dose is 1,000 mg IV given on days 1 and 15, and repeated 6 months later.
NHL	• Approved for 12 months • Approved dosage is 375 mg/m^2 IV once weekly, or as prescribed	
Autoimmune hemolytic anemia CLL GPA ITP MPA Neuromyelitis optica Pemphigus vulgaris Polymyositis	• Approved dose is 375 mg/m^2 IV once weekly for 4 weeks	
MCD	• Approved dose is 375 mg/m^2 IV once weekly for 4 weeks (up to 8 weeks, if requested)	
MCL Waldenstrom macroglobulinemia	• Approved dose based on combination therapy used, up to 6 cycles	
ALL	• Approved dose is 375 mg/m^2 IV given twice during each cycle for 4 cycles	
RRMS	• Approved dosage is 1,000 mg IV given on days 1 and 15	

Table 2. List of Disease Modifying Antirheumatic Drugs (DMARD's)

GENERIC NAME	TRADE (BRAND) NAME
azathioprine (oral)	Imuran™, [generics]
cyclosporine (oral)	Neoral™, Sandimmune™, [generics]
d-penicillamine (oral)	Cuprimine™, Depen™
gold compounds:	
gold sodium thiomalate (injection)	Aurolate™
auranofin (oral)	Ridaura™
aurothioglucose (injection)	Solganal™
hydroxychloroquine (oral)	Plaquenil™, [generics]
leflunomide (oral)	Arava™, [generics]
methotrexate (injection, oral)	Rheumatrex™, [generics]
sulfasalazine (oral)	Azulfidine En-tabs™, Azulfidine™, [generics]

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