

# OPTIMA HEALTH FAMILY CARE (MEDICAID)

## PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-844-723-2094**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is NOT complete, correct, or legible, authorization will be delayed.**

**Drug Requested:** **Rituxan Hycela<sup>®</sup>** (rituximab and hyaluronidase) (J9999)  
**(Medical) (Non-Preferred)**

### Medication being provided by a Physician's office ONLY.

- URGENT REVIEW.** In checking this box, prescriber attests to the fact that by applying the standard review timeframe may seriously jeopardize the member's life, health, or ability to regain maximum function.
- STANDARD REVIEW.** In checking this box, the timeframe does **NOT** jeopardize the life or health of the member or the member's ability to regain maximum function and would **NOT** subject the member to severe pain.

**DRUG INFORMATION:** Complete **all** information below or authorization will be delayed.

Drug Form/Strength/Month: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

**CLINICAL CRITERIA:** Check below **ALL** that apply. **ALL** criteria **must** be met for approval. To support each line checked, **ALL** documentation, including lab results, diagnostics, and/or chart notes, **must** be provided or request will be denied.

**All** Members **MUST** receive at least **one full dose of intravenous rituximab** (without experiencing severe adverse reactions) **PRIOR** to initiating treatment with subcutaneous rituximab/hyaluronidase; Members who **do not** tolerate a full IV dose should continue to receive IV rituximab in subsequent cycles. Member may be switched to subcutaneous rituximab/hyaluronidase injection after a full IV dose has been successfully administered.

- **Has Member successfully received a full intravenous dose?**  Yes  No

#### **Chronic Lymphocytic Leukemia:**

- Prescriber is an Oncologist

**AND**

- Member has a diagnosis of chronic lymphocytic leukemia

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**Diffuse Large B-Cell Lymphoma:**

- Prescriber is an Oncologist.

**AND**

- Member has a diagnosis of diffuse large B-cell lymphoma.

**Follicular Lymphoma:**

- Prescriber is an Oncologist

**AND**

- Member has a diagnosis of Follicular lymphoma

**AND (please note status below)**

- Previously untreated:** Rituximab 1,400 mg/hyaluronidase 23,400 units (fixed dose) on day 1 of a 21-day cycle in cycles 2 through 8
- Maintenance:** rituximab 1,400 mg/hyaluronidase 23,400 units (fixed dose) once every 8 weeks for 12 doses
- Non-progressing disease following 6 to 8 cycles of first-line CVP chemotherapy:** Rituximab 1,400 mg/hyaluronidase 23,400 units (fixed dose) once weekly for 3 weeks (IV rituximab should be administered in week 1 for a total of 4 weeks of therapy) at 6-month intervals to a maximum of 16 doses.
- Relapsed or refractory:** Rituximab 1,400 mg/hyaluronidase 23,400 units (fixed dose) once weekly for 3 weeks (IV rituximab should be administered in week 1) for a total of 4 weeks of therapy
- Relapsed or refractory (retreatment):** Rituximab 1,400 mg/hyaluronidase 23,400 units (fixed dose) once weekly for 3 weeks (IV rituximab should be administered in week 1) for a total of 4 weeks of therapy

**\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\***

**\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\***

Member Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

\*Approved by the Pharmacy and Therapeutic Committee: 1/18/2018

REVISED/UPDATED: 5/5/2019; (Reformatted) 7/18/2019