



Rituxan Hycela Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: Same as Requesting Provider

Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider

Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____ kg

Patient Height: _____ cm

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Inpatient Hospital Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Rituxan Hycela SGM-10/2020.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062

Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com

Criteria Questions:

1. What is the diagnosis?
 - Follicular lymphoma (FL), CD20 positive
 - Castleman's disease (CD), CD20 positive
 - Nodal marginal zone lymphoma, CD20 positive
 - Splenic marginal zone lymphoma, CD20 positive
 - Diffuse large B-cell lymphoma (DLBCL), CD20 positive
 - High-grade B-cell lymphoma, CD20 positive
 - Chronic lymphocytic leukemia (CLL)/Small lymphocytic lymphoma (SLL), CD20 positive
 - Histologic transformation of nodal marginal zone lymphoma to diffuse large B-cell lymphoma
 - Gastric mucosa-associated lymphoid tissue (MALT) lymphoma, CD20 positive
 - Primary cutaneous B-cell lymphoma (e.g., cutaneous marginal zone lymphoma or cutaneous follicle center lymphomas), CD20 positive
 - Post-transplant lymphoproliferative disorder (PTLD), CD20 positive
 - Other _____
 - Hairy cell leukemia, CD20 positive
 - Mantle cell lymphoma, CD20 positive
 - Nongastric MALT lymphoma, CD20 positive
2. What is the ICD-10 code? _____
3. Is this a request for continuation of therapy with the requested drug? Yes No *If No, skip to #5*
4. Is there evidence of unacceptable toxicity on the current regimen?
 Yes No *No further questions*
5. Does the patient have CD20 positive disease that was confirmed by testing or analysis?
ACTION REQUIRED: If Yes, attach results of testing or analysis confirming CD20 protein on the surface of the B-cell. Yes No
6. Has the patient received at least one full dose of a rituximab product by **IV infusion** without experiencing severe adverse reactions? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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