



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Arzerra

Phone: 800-728-7947

Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

| | | |
|---------------------------|--|---------------|
| Patient Name: | Prescriber Name: | |
| | Supervising Physician: | |
| Member/Subscriber Number: | Fax: | Phone: |
| Date of Birth: | Office Contact: | |
| Group Number: | NPI: | State Lic ID: |
| Address: | Address: | |
| City, State ZIP: | City, State ZIP: | |
| Primary Phone: | Specialty/facility name (if applicable): | |

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

| |
|--|
| Q1. Is the prescribing physician an Oncologist or Hematologist? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q2. What diagnosis is this drug being prescribed for? <input type="checkbox"/> Chronic lymphocytic leukemia (CLL) <input type="checkbox"/> Other |
| Q3. Please provide ICD code(s) for diagnosis |
| Q4. Please indicate location of administration. <input type="checkbox"/> Home <input type="checkbox"/> Long Term Care (LTC) facility <input type="checkbox"/> Physician office (drug from office stock- buy and bill) <input type="checkbox"/> Physician office (drug from pharmacy with a prescription) |
| Q5. Has the patient previously tried and failed Fludara (fludarabine)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q6. Has the patient previously tried and failed Campath (alemtuzumab)? |



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| Patient Name: | Prescriber Name: Supervising Physician: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Q7. If the patient has failed Fludara (fludarabine), is the patient not expected to respond to Campath (alemtuzumab) due to bulky adenopathy? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Q8. If the patient has previously been untreated for CLL, is fludarabine-based therapy is considered inappropriate for this patient? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Q9. If the patient has previously been untreated for CLL, will Arzerra be used in combination with chlorambucil? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Q10. Additional Comments | |

Prescriber Signature

Date

☐ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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