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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Oncology Agents Prior Authorization Request Form (Page 1 of 3)

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Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information <small>(required)</small>
<p>Continuation of therapy: Is this a continuation of prior therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" to the above question, please submit documentation (e.g., medical records, chart notes, pharmacy claims) or provide the dates, duration, and previous regimen used below: (REQUIRED)</p> <hr/> <hr/>

<p>Select the requested medication and diagnosis below:</p> <p><input type="checkbox"/> Balversa</p> <ul style="list-style-type: none"> <input type="checkbox"/> Locally advanced or metastatic urothelial carcinoma that has susceptible FGFR3 or FGFR2 genetic alterations, and progressed during or following at least one line of prior platinum-containing chemotherapy, including within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy <p><input type="checkbox"/> Calquence</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mantle cell lymphoma who have received at least one prior therapy <p><input type="checkbox"/> Copiktra</p> <ul style="list-style-type: none"> <input type="checkbox"/> Relapsed or refractory chronic lymphocytic leukemia or small lymphocytic lymphoma after at least two prior therapies <input type="checkbox"/> Relapsed or refractory follicular lymphoma after at least two prior therapies <p><input type="checkbox"/> Daurismo</p> <ul style="list-style-type: none"> <input type="checkbox"/> Newly diagnosed acute myeloid leukemia (AML) in patients ≥ 75 years old or who have comorbidities that preclude use of intensive induction therapy <p><input type="checkbox"/> Gilotrif</p> <ul style="list-style-type: none"> <input type="checkbox"/> Metastatic non-small cell lung cancer, EGFR mutation-positive <input type="checkbox"/> Metastatic squamous non-small cell lung cancer, previously treated <p><input type="checkbox"/> Ibrance</p> <ul style="list-style-type: none"> <input type="checkbox"/> HR-positive, HER2-negative advanced or metastatic breast cancer when used in combination with an aromatase inhibitor as initial endocrine based therapy in postmenopausal women or fulvestrant in women with disease progression following endocrine therapy <p><input type="checkbox"/> Idhifa</p> <ul style="list-style-type: none"> <input type="checkbox"/> Relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation <p style="text-align: center;">< continued on the next page ></p>

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

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Imbruvica

- Chronic graft-versus-host disease
- Chronic lymphocytic leukemia/Small lymphocytic lymphoma
- Chronic lymphocytic leukemia/Small lymphocytic lymphoma with 17 p deletion
- Mantle cell lymphoma
- Marginal zone lymphoma
- Waldenström's macroglobulinemia

Lenvima

- Advanced renal cell carcinoma (RCC)
- Differentiated thyroid cancer: Locally recurrent or metastatic, progressive, radioactive iodine-refractory
- Hepatocellular carcinoma

Lorbrena

- Anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) whose disease has progressed on crizotinib and at least one other ALK inhibitor for metastatic disease; or alectinib as the first ALK inhibitor therapy for metastatic disease; or ceritinib as the first ALK inhibitor therapy for metastatic disease

Lynparza

- Treatment of gBRCA-mutated advanced ovarian cancer

Mekinist

- Locally advanced or metastatic anaplastic thyroid cancer (ATC) with BRAF V600E mutation and with no satisfactory locoregional treatment options; in combination with dabrafenib
- Melanoma with BRAF V600E or V600K mutations as detected by an FDA-approved test, and involvement of lymph node(s), following complete resection; in combination with dabrafenib
- Metastatic non-small cell lung cancer (NSCLC) with BRAF V600E mutation as detected by an FDA-approved test; in combination with dabrafenib
- Unresectable or metastatic melanoma with BRAF V600E or V600K mutations, as detected by an FDA-approved test

Nerlynx

- Extended adjuvant treatment of adult patients with early stage HER2-overexpressed/amplified breast cancer, following adjuvant trastuzumab based therapy

Pomalyst

- Multiple myeloma in patients who have received at least two prior therapies including lenalidomide and a proteasome inhibitor

Stivarga

- Hepatocellular carcinoma (HCC) in patients who have previously been treated with sorafenib
- Locally advanced, unresectable or metastatic gastrointestinal stromal tumor (GIST) in patients who have been previously treated with imatinib mesylate and sunitinib malate
- Metastatic colorectal cancer (CRC) who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type, an anti-EGFR therapy

Tafinlar

- Unresectable or metastatic melanoma with BRAF V600E mutation, used as a single agent
- Unresectable or metastatic melanoma with BRAF V600E or V600K mutation, used in combination with trametinib (Mekinist)

Talzenna

- Deleterious or suspected deleterious germline breast cancer susceptibility gene (BRCA)-mutated (gBRCAm) human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer

Valchlor

- Stage IA or IB mycosis fungoides-type cutaneous T-cell lymphoma

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Vitrakvi

- Solid tumors that have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity, and have no satisfactory alternative treatments or that have progressed following treatment

Vizimpro

- Metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test

Xospata

- Relapsed or refractory acute myeloid leukemia (AML) with a FMS-like tyrosine kinase 3 (FLT3) mutation as detected by an FDA-approved test

Zydelig

- Relapsed chronic lymphocytic leukemia
 Relapsed follicular B-cell non-Hodgkin lymphoma
 Relapsed small lymphocytic lymphoma

Zykadia

- Anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer

Other diagnosis: _____ ICD-10 Code(s): _____

Prescriber's Specialty:

Is the requested medication prescribed by an oncologist? Yes No

Clinical Information:

Is there presence of contraindications or absolute drug interactions with existing therapy? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note:

This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.