OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
Visit go.covermymeds.com/OptumRx to begin using this free service.
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 (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Continuation of therapy:

Is this a continuation of prior therapy? ❑ **Yes** ❑ **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)**

_____

_____

Select the requested medication and diagnosis below:

❑ **Balversa**
- ❑ 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

❑ **Calquence**
- ❑ Mantle cell lymphoma who have received at least one prior therapy

❑ **Copiktra**
- ❑ Relapsed or refractory chronic lymphocytic leukemia or small lymphocytic lymphoma after at least two prior therapies
- ❑ Relapsed or refractory follicular lymphoma after at least two prior therapies

❑ **Daurismo**
- ❑ Newly diagnosed acute myeloid leukemia (AML) in patients ≥ 75 years old or who have comorbidities that preclude use of intensive induction therapy

❑ **Gilotrif**
- ❑ Metastatic non-small cell lung cancer, EGFR mutation-positive
- ❑ Metastatic squamous non-small cell lung cancer, previously treated

❑ **Ibrance**
- ❑ 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

❑ **Idhifa**
- ❑ Relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation

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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
- ❑ **Piqray**
  - ❑ Treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer as detected by an FDA-approved test following progression on or after an endocrine-based regimen
- ❑ **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

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- ❑ **Valchlor**
  - ❑ Stage IA or IB mycosis fungoides-type cutaneous T-cell lymphoma
- ❑ **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
- ❑ **Xpovio**
  - ❑ Relapsed or refractory multiple myeloma (RRMM) in adult patients who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody
- ❑ **Xtandi**
  - ❑ Castration-resistant prostate cancer (CRPC)
- ❑ **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 1-855-297-2870.
This form may be used for non-urgent requests and faxed to 1-844-403-1029.

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