P.O. Box 30192
Salt Lake City, UT 84120-0192
801-442-4912 or 800-442-3219
Fax 801-442-3006

selecthealth

PREAUTHORIZATION FORM

Treanda™
(bendamustine)

Therapeutic use: Treatment of chronic lymphocytic leukemia (CLL) and indolent B-cell non-Hodgkin's lymphoma that has progressed with treatment of rituximab

Quantity Limit:

- Chronic lymphoid leukemia: 100 mg/m^2 IV over 30 minutes on Days 1 and 2 of a 28-day cycle
- Non-Hodgkins lymphoma: 120 mg/m^2 IV over 60 min on Days 1 and 2 of a 21-day cycle

Authorization Period: 12 months

Patient's name _____

Patient's ID# ☐☐☐ ☐☐ ☐☐☐☐ DOB ☐☐/☐☐/☐☐☐☐

ICD-9 ☐☐☐ ☐☐ ☐☐☐ ☐☐ _____

Physician's name_____

Physician's Ph# (☐☐☐) ☐☐☐-☐☐☐☐ Fax# ☐☐☐-☐☐☐☐

Physician's signature_____ Date signed ☐☐/☐☐/☐☐☐☐

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:			
1.	Is the patient diagnosed with Chronic Lymphocytic Leukemia (CLL)?	❑ Yes	❑ No
2.	Is the patient diagnosed with indolent B-cell non-Hodgkin's lymphoma (NHL)?	❑ Yes	❑ No
2a.	Has the disease progressed during or within six months of treatment with rituximab or a rituximab-containing regimen?	❑ Yes	❑ No

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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