



Neupogen (filgrastim)

Prior Authorization Form Curascript Fax (888) 773-7386

| | | | | | | | |
|---|--|---------------|-------|---|---------|----------------|----------------|
| Last Name | | First Name | | Prescriber's Name | | Specialty | |
| Home Phone | | Work Phone | | Office Phone | | Office Fax | |
| Home Address | | City | State | ZIP | Address | | City State ZIP |
| SCAN ID number | | Date of Birth | | Est. Start Date | | Office Contact | |
| For Specialty Medications Only: Shipping Address (if different from home address) <input type="checkbox"/> Physician <input type="checkbox"/> Home | | | | Special Instructions (i.e. Non-English Speaking Patient, etc.): | | | |

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|-------------|------|------------|-------------|
| Medication: | | Diagnosis: | |
| Sig: | Qty: | Refills: | ICD 9 Code: |

| | | | | |
|---|-------|-----------------|-----------|--------------|
| Secondary/ Supplemental Insurance Company | Phone | Name of Insured | ID Number | Group Number |
|---|-------|-----------------|-----------|--------------|

1. Is the diagnosis or indication for Neupogen for the treatment of one of the following::

- Cancer patient receiving myelosuppressive chemotherapy
- Cancer patient receiving bone marrow transplant
- Acute Myeloid Leukemia receiving induction or consolidated chemotherapy
- Peripheral blood progenitor cell collection and therapy in a cancer patient
- One of the following types of Severe Chronic Neutropenia:
 - Congenital Neutropenia
 - Cyclic Neutropenia
 - Idiopathic Neutropenia
- Graft failure after bone marrow transplantation
- Neutropenia associated with myelodysplastic syndrome
- Hairy cell leukemia
- Aplastic anemia
- Severe Neutropenia in HIV-infected patients on antiretroviral therapy

2. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?

Physician's Signature: _____ NPI/DEA #: _____ Date: _____

| | |
|-----------------------------------|---------------------------------|
| <u>For Internal Use Only</u> | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Reviewer's Initials _____ | Decision Date _____ |
| Comments _____ | |