



Leukine

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A Please answer the following questions

1. Is Leukine indicated for one of the following?
 - ⊖ Mobilization and following transplantation of autologous peripheral blood progenitor cells: For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis
 - ⊖ Myeloid reconstitution after autologous bone marrow transplantation (BMT) in patients with non-Hodgkin lymphoma (NHL), acute lymphoblastic leukemia (ALL), and Hodgkin disease
 - ⊖ Myeloid reconstitution after allogeneic bone marrow transplantation: For acceleration of myeloid recovery in patients undergoing allogeneic BMT from HLA-matched related donors.
 - ⊖ Bone marrow transplantation failure or engraftment delay: In patients who have undergone allogeneic or autologous BMT in whom engraftment is delayed or has failed
 - ⊖ Neutrophil recovery following induction chemotherapy in patients with Acute Myelogenous Leukemia (AML)
 - ⊖ To increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome [H-ARS])
 - ⊖ Other. Please list indication below:

- 2. Yes No Is Leukine being prescribed by an Oncologist or Hematologist?

- 3. Yes No Will CBC with differential be performed (including examination for the presence of blast cells)?

- 4. Yes No Does the patient have excessive leukemic myeloid blasts in the bone marrow or peripheral blood: equal to or greater than 10%?

- 5. Yes No Will Leukine be used concomitantly with chemotherapy or radiotherapy?

- 6. Yes No Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies?

- 7. Yes No Is the medication supplied and administered by a Physician's office?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>