

OPTIMA MEDICARE

PHARMACY PRIOR AUTHORIZATION REQUEST FORM*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Colony Stimulating Factors (Neupogen, Leukine, Neulasta)

Colony stimulating factors are valuable in the management of neutropenia (ANC < 1000), and in mobilizing peripheral blood progenitor cells (PBPCs) for transplantation.

Diagnosis:

(Check one)

For Primary Administration for Patients at High Risk of Febrile Neutropenia:

- Preexisting neutropenia due to disease
- Preexisting neutropenia due to extensive prior chemotherapy
- Preexisting neutropenia due to irradiation to the pelvis or other areas containing large amounts of bone marrow
- History of recurrent febrile neutropenia while receiving earlier chemotherapy of similar or lesser dose intensity

- Patient who is not a candidate for chemotherapy dose reduction as an alternative means of preventing febrile neutropenia
- Prolonged neutropenia is creating delay in chemotherapy treatment

Other:

- Mobilizing PBPCs for Transplantation
- Myelodysplastic syndrome with neutropenia and recurrent infection
- AIDS associated neutropenia with recurrent infection

For Secondary Administration, When There Has Been Previous Documentation of Febrile Neutropenia After Chemotherapy:

Depending on where drug is used, drug may be covered under the Part B benefit.

Must submit WBC differential test results.

Please complete below:

Patient Name _____

Member Number _____ Date _____

Physician Signature _____

Physician Name _____

Phone Number _____ Fax Number _____

Pharmacy Name _____

Pharmacy Tel # _____ (If available)