

**OPTIMA FAMILY CARE MEDALLION 4.0**  
**PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST\***

**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; fax to 1-844-723-2094. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.*

**Drug Requested:**        **Neumega® (oprelvekin) (J2355) (Medical)**

**DRUG INFORMATION:** *Complete information below. If incomplete, authorization process will be delayed.*

**Drug Form/Strength/Month:** \_\_\_\_\_

**Dosing Schedule:** \_\_\_\_\_        **Length of Therapy:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_        **ICD Code:** \_\_\_\_\_

- *Maximum treatment per chemotherapy cycle is 21 days and should be discontinued 2 days prior to next cycle or when platelet count is > 50,000 cells/mcL.*

**CLINICAL CRITERIA:** *Check ALL appropriate criteria for approval of Neumega®. If incomplete, authorization process will be delayed.*

- Prescriber is an Oncologist.  

**AND**
- Patient has solid tumor.  

**AND**
- Patient has experienced severe thrombocytopenia (<50,000 cells/mcL) during previous chemotherapy documented by:  
Platelet count: \_\_\_\_\_ (cells/mcL)  

**AND**
- Neumega is being used for the prevention of and not the treatment of thrombocytopenia.

**Medication being provided by (check applicable box below):**

- Physician's office        **OR**         Specialty Pharmacy - PropriumRx

**\*\*Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.\*\***

**\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\***

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_        Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_        Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_        Fax Number: \_\_\_\_\_

**DEA OR NPI #:** \_\_\_\_\_