



Prior Authorization Form

**Arkansas Blue Cross and Blue Shield (Medicare)
Medi-Pak Rx (PDP) and Medi-Pak Advantage (PFFS)
Neulasta (Medicare Determination)**

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to CVS|Caremark at 1-888-836-0730.
Please contact CVS|Caremark at 1-800-294-5979 with questions regarding the prior authorization process.
When conditions are met, we will authorize the coverage of Neulasta (Medicare Determination).

Drug Name (select from list of drugs shown)

Neulasta (pegfilgrastim)

Patient Information

Patient

Name: _____

Patient ID: _____

Patient

Group No.: _____

Patient

DOB: _____

Prescribing Physician

Physician

Name: _____

Physician

Phone: _____

Physician

Fax: _____

Physician

Address: _____

City, State,

Zip: _____

Diagnosis: _____

ICD

Code: _____

Please circle the appropriate answer for each applicable question.

- | | | |
|--|---|---|
| 1. Is the physician purchasing and providing the drug "incident to" physician services? | Y | N |
| 2. Does the patient have a diagnosis of non-myeloid cancer?
[If the answer to this question is no, then no further questions.] | Y | N |
| 3. Is the patient currently receiving treatment with myelosuppressive anti-cancer drugs?
[If the answer to this question is no, then no further questions.] | Y | N |
| 4. Is the current chemotherapy regimen likely to produce a clinically significant incidence of (greater than or equal to 20%) febrile neutropenia or does the patient have a current/prior history of neutropenia [absolute neutrophil count (ANC) less than 1500 cells/mm ³ ?]
[If the answer to this question is no, then no further questions.] | Y | N |
| 5. Is Neulasta being used concomitantly with cytotoxic chemotherapy or radiation therapy?
[If the answer to this question is yes, then no further questions.] | Y | N |
| 6. Is Neulasta being prescribed for the treatment of acute AFEBRILE (e.g., NOT associated with fever) neutropenia? | Y | N |



Arkansas BlueCross BlueShield

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[If the answer to this question is yes, then no further questions.]

7. Is Neulasta being prescribed for the treatment of acute FEBRILE (e.g., fever-associated) neutropenia? Y N

[If the answer to this question is no, then no further questions.]

8. Is the patient either at high risk for infection-associated complications or does the patient have prognostic factors that are predictive of poor clinical outcomes? Y N

Comments: _____

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date