



Prior Authorization Form

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

**Drug Name (select from list of drugs shown)**

Neupogen (filgrastim)

**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. Will the colony stimulating medication be used concomitantly with chemotherapy or radiation therapy?<br>[If the answer to this question is yes, then no further questions required.] | Y | N |
| 3. Does the patient have a diagnosis of drug-induced neutropenia?<br>[If the answer to this question is yes, then may skip to question 20.]   | Y | N |
| 4. Is the patient undergoing a peripheral blood progenitor cell (PBPC) collection procedure?<br>[If the answer to this question is yes, then may skip to question 20.]                  | Y | N |
| 5. Is the patient undergoing a stem cell transplant?<br>[If the answer to this question is yes, then may skip to question 20.]  | Y | N |
| 6. Is the patient receiving a bone marrow transplant?<br>[If the answer to this question is yes, then may skip to question 20.]   | Y | N |
| 7. Does the patient have a diagnosis of non-myeloid cancer?<br>[If the answer to this question is no, then may skip to question 13.]  | Y | N |
| 8. Is the patient now or will be receiving myelosuppressive anti-cancer drugs?  | Y | N |



# Arkansas BlueCross BlueShield

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

- 9. Is the colony stimulating medication being prescribed for the treatment of acute AFEBRILE (e.g., NOT associated with fever) neutropenia? Y N

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

- 10. Is the colony stimulating medication being prescribed for the treatment of acute FEBRILE (e.g., fever-associated) neutropenia? Y N

[If the answer to this question is yes, may skip to question 12.]

- 11. Does the patient have a current/prior history of neutropenia (absolute neutrophil count [ANC] less than 1500 cells/mm<sup>3</sup>) or is the patient at a 20% or greater risk of developing febrile neutropenia with myelosuppressive chemotherapy? Y N

[If the answer to this question is yes, then may skip to question 20. If the answer is no, then no further questions required.]

- 12. 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

[If the answer to this question is yes, then may skip to question 20. If the answer to this questions is no, then no further questions required.]

- 13. Does the patient have a diagnosis of acute myeloid leukemia (AML)? Y N

[If the answer to this question is no, then may skip to question 15.]

- 14. Has the patient received induction or consolidation chemotherapy for AML? Y N

[If the answer to this question is yes, then may skip to question 20. If the answer is no, then no further questions required.]

- 15. Does the patient have a diagnosis of severe chronic neutropenia (e.g., congenital, idiopathic, or cyclic)? Y N

[If the answer to this question is yes, then may skip to question 20.]

- 16. Does the patient have a diagnosis of myelodysplastic syndrome? Y N

[If the answer to this question is no, then may skip to question 18.]

- 17. Does the patient have a history of infections? Y N

[If the answer to this question is yes, then may skip to question 20. If the answer is no, then no further questions required.]

- 18. Does the patient have a diagnosis of acquired immune deficiency syndrome (AIDS)? Y N

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

- 19. Is the patient currently receiving antiretroviral therapy for AIDS? Y N

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

- 20. Will complete blood counts (CBCs) with differential and platelet count be done at baseline and regularly throughout therapy? Y N

**Comments:**

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

**Prescriber (Or Authorized) Signature and Date**

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