

Sterling Retiree Rx Prior Authorization Form
NEUPOGEN (Filgrastim)
Coverage Criteria

Patient with Acute Myeloid Leukemia (AML) receiving induction or consolidation chemotherapy. Cancer patient receiving autologous or allogenic Bone Marrow Transplant (BMT). BMT failure or engraftment delay. Patient undergoing Peripheral Blood Progenitor Cell (PBPC) collection and therapy. Patient with Severe Chronic Neutropenia (SCN). Chemotherapy-induced neutropenia. Neutropenia - AIDS associated - with treatment or disease. Myelodysplastic Syndromes. Drug-induced neutropenia. Treatment to be halted in the event of excessive leukocytosis.

Required Medical Information

Current and periodic monitoring of WBC count at initiation of and during therapy.

Exclusion Criteria

Treatment of acute afebrile neutropenia. Patients not at high risk for infection-associated complications or not having prognostic factors predictive of poor clinical outcomes.

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male	Female		
Date of Birth		Age	Weight in Kg		
Street Address					
City		State	Zip		

Physician Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State	Zip		
Phone		Fax			

Requested Drug

NEUPOGEN	Reason for Request
Condition/Diagnosis Related	

Clinical Drug/Lab History Pertinent to Request

WBC Labs: Baseline/Ongoing	Strength/Dosage		
Formulary Alternative(s) Attempted?	Yes:	No:	
Please List Alternative Formulary Drugs			

Comments