

Request for Prior Authorization GRANULOCYTE COLONY STIMULATING FACTOR (PLEASE PRINT – ACCURACY IS IMPORTANT)

Provider Help Desk 1.866.399.0928

Form with fields for IA Medicaid Member ID #, Patient name, Patient address, Provider NPI, Prescriber name, Prescriber address, Pharmacy name, Address, Pharmacy NPI, Pharmacy fax, NDC, and a note: 'Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.'

Prior authorization is required for therapy with granulocyte colony stimulating factor agents. Payment for non-preferred granulocyte colony stimulating factor agents will be authorized only for cases in which there is documentation of previous trial(s) and therapy failure with a preferred agent(s). Laboratory values for complete blood and platelet count must be obtained as directed by the manufacturer's instructions. Dosage reduction and discontinuation of therapy may be required based on the manufacturer's guidelines.

Preferred

Non-Preferred

- Checkboxes for Fulphila, Nivestym, Granix, Neulasta, Zaexio, Neupogen, Ziextenzo, Leukine, and Udencya.

Strength Dosage Instructions Quantity Days Supply

Diagnosis (or indication for the product): List of conditions with checkboxes: Prevention or treatment of febrile neutropenia, Treatment of neutropenia, Moibilization of progenitor cells, Treatment of congenital, cyclic, or idopathyic neutropenia, On current chemotherapy drug(s) that would cause severe neutropenia, Other condition specify)

Absolute Neutrophil Count (ANC): Dates of routine CBC: Platelet Counts: Pertinent Lab data: Previous therapy (include drug name, strength and exact date ranges): Reason for use of Non-Preferred drug requiring prior approval: Possible drug interactions/conflicting drug therapies:

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.) Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.