HEALTHTRANS

Prior Authorization Request

Date of Request _____

Neulasta

Neulasta (Pegfilgrastim) is a colony stimulating factor used for neutropenia.

Febrile neutropenia- for uncomplicated fever and neutropenia (defined as fever less than 10 days in length); no evidence of pneumonia, cellulitis, abcesses, sinusitis, hypotension, multi-organ dysfunction, or invasive fungal infection; and no controlled malignancies. [6 months]

Prophylaxis for neutropenia- patient has one of the following risk factors: preexisting neutropenia due to disease; history of recurrent febrile nutropenia on myelosuppressive therapy of the same or lesser dose intensity; extensive prior irradiation of the pelvis or other areas containing bone marrows; expected neutropenia from highly myelosuppressive therapy; advanced malignancy with active tissue infection. [6 months]

Severe chronic neutropenia (ANC< 500 counts/uL) or myelodysplastic syndrome. [6 months]

Acute Lymphoblastic Leukemia (ALL) or Acute Melogenous Leukemia (AML) after completion of myelosuppressive therapy. [6 months]

Member Information

Relationship (Circle)
Subscriber Spouse Dependent

Name _____

Enrollment / Cardholder ID _____

Group / Plan _____

Birth date _____

Gender (Circle)
Male Female

AGE: _____ **Weight (kg):** _____

Address: _____

City State Zip _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone ( ) -

Fax ( ) -

ID Number _____

Email @

Notes:

Requested Drug / Pharmaceutical

Neulasta (Pegfilgrastim)

Strength / Dose

Therapy Start Date

Condition / Diagnosis Related - Reason for Request

Duration of Therapy (Expected)

Type of Request (Circle)
One-Time On-Going

Clinical Drug / Lab History Pertinent to Request

Labs: **Baseline / Ongoing**

Formulary Alternative(s) Attempted **YES** **NO** (Circle)
Please List:

Contact Pharmacy? Y N

Pharmacy Phone Number

_____
Practitioner Signature

Date Received:
Reviewed By:
Forwarded To:

FAX Form to:
877-800-5633

HT Clinical Services Phone
866-805-1690