

# NEUPOGEN

## PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM BlueCross BlueShield of South Carolina

Patient Information	
Name:	Insurance ID #:
Group#:	Birthdate:

Provider Information	
Physician's Name:	Physician DEA #:
Phone:	Fax:
Office Address:	
Diagnosis:	ICD-9 Code:

**When this form is completed, please fax to Caremark at 1-888-836-0730.**

This fax machine is located in a HIPAA-compliant, secure location. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of prescription drug programs. Caremark is an independent company that provides pharmacy benefits management.

Call Caremark at 1-800-294-5979 with any questions concerning prior authorization procedures.

1. Is the physician purchasing and providing the drug "incident to" physician services?  Y  N
2. Does the patient have a diagnosis of drug-induced neutropenia?  
[If the answer to this question is yes, you may skip to question 16]  Y  N
3. Is the patient undergoing a peripheral blood progenitor cell (PBPC) collection procedure?  
[If the answer to this question is yes, you may skip to question 16]  Y  N
4. Is the patient undergoing a stem cell transplant?  
[If the answer to this question is yes, you may skip to question 16]  Y  N
5. Is the patient receiving a bone marrow transplant?  
[If the answer to this question is yes, you may skip to question 16]  Y  N
6. Does the patient have a diagnosis of non-myeloid cancer?  
[If the answer to this question is no, may skip to question 8.]  Y  N
7. Is the patient now or will the patient be receiving myelosuppressive anti-cancer drugs?  
[If the answer to this question is yes, may skip to question 15.]  Y  N

**PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM**  
**MedBlueRX<sup>SM</sup> and MedBlue RX Plus<sup>SM</sup>**

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| 8. Does the patient have a diagnosis of acute myeloid leukemia (AML)?<br>[If the answer to this question is no, may skip to question 10.]  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 9. Does the patient have a current or prior history of receiving induction or consolidation chemotherapy for AML?<br>[May skip to question 16.]  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 10. Does the patient have a diagnosis of severe chronic neutropenia (e.g., congenital, idiopathic, or cyclic) for which the patient is being prescribed Neupogen?<br>[If the answer to this question is yes, may skip to question 16.]   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 11. Does the patient have a diagnosis of myelodysplastic syndrome?<br>[If the answer to this question is no, may skip to question 13.]   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 12. Does the patient have a history of infections?<br>[If the answer to this question is yes, may skip to question 16.]  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 13. Does the patient have a diagnosis of acquired immune deficiency syndrome (AIDS)?   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 14. Is the patient currently receiving antiretroviral therapy for AIDS?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 15. Does the patient have a current/prior history of neutropenia (absolute neutrophil count (ANC) < 1500 cells/mm <sup>3</sup> ) or is the patient at greater than or equal to 20% risk of developing febrile neutropenia with myelosuppressive chemotherapy?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 16. Has or will a complete blood count (CBC) with differential and platelet count be done at baseline and throughout therapy?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 17. Has the patient received Leukine or Neupogen therapy within the last month?<br>[If the answer to this question is no, no further questions required.]  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 18. Did the CBC results indicate excessive leukocytosis?<br>[Excessive leukocytosis with Leukine therapy is defined as a total white blood cell count (WBC) greater than 50,000 cells/mm <sup>3</sup> or an absolute neutrophil count (ANC) greater than 20,000 cells/mm <sup>3</sup> . Excessive leukocytosis with Neupogen therapy is defined as an absolute neutrophil count (ANC) greater than 10,000 cells/mm <sup>3</sup> .] | <input type="checkbox"/> Y | <input type="checkbox"/> N |

**Comments:** \_\_\_\_\_

*Information on this form is accurate as of the date below.*

<b>Prescriber's Signature:</b>	<b>Date:</b>
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