

**Physician's Prior Authorization Questionnaire
Neupogen®**

Patient:**ID#:****DOB:****Patient Address:**

Neupogen® is covered under certain clinical conditions. The following information will help determine if this patient is eligible for coverage of treatment with this drug.

1. What is the patient's diagnosis? _____

2. What is the absolute neutrophil count? _____

3. This patient requires granulocyte colony stimulating factor for the following reason(s). *Please mark all appropriate boxes:*

- Secondary prophylactic treatment in a patient with non-myeloid malignancy with a previous episode of febrile neutropenia to the same chemotherapy regimen;
- Primary prophylaxis treatment in a patient with non-myeloid malignancy who is at high risk for infection and for whom chemotherapy cannot be reduced;
- Primary prophylaxis in a patient with non-myeloid malignancy prior to a myelosuppressive chemotherapy regimen;
- Primary prophylaxis to dose-dense chemotherapy in a patient with early stage node positive breast cancer;
- Primary prophylaxis to dose-dense chemotherapy in a patient > 60 years old with non-Hodgkin's Lymphoma;
- Post bone marrow transplant for acceleration of myeloid recovery;
- Enhance peripheral progenitor cell yield in autologous hematopoietic stem cell transplantation;
- Primary prophylaxis after completion of consolidation chemotherapy in patients with acute myelogenous leukemia receiving intensive post remission chemotherapy;
- Neutropenia due to Acquired Immunodeficiency Syndrome;
- Sever chronic neutropenia;
- Enhance neutrophil function in a patient with myelodysplastic syndrome and a history of infection;
- Medication induced neutropenia.

4. Will this medication be administered in the physician's office? Yes No

If patient administered, Neupogen® will be shipped to the patient from our Specialty Pharmacy.

Physician's Signature

Date

Please **Print** Physician's Name & Specialty

Phone Number

Fax Number

Thank you for your assistance and should you have any questions or wish to discuss, please feel free to contact the pharmacy department at (501) 378-3392. For your convenience, you may fax your response(s) back to (501) 378-6980.

Forms are also available online at www.usableadmin.com/providers/PharmacyForms.aspx