



PHYSICIAN'S PRIOR AUTHORIZATION REQUEST FORM FOR NEUMEGA

PATIENT'S NAME: _____ ID#: _____ DOB: _____

Patient Address: _____

Neumega (Oprelvekin) is covered under certain clinical conditions. Please furnish the clinical information requested below to assist us in making a determination of this patient's eligibility for coverage.

Complete diagnosis _____

This patient requires Neumega for the following ICD-9 code(s):

_____	287.4	Secondary thrombocytopenia with
_____	140.0-149.9	Malignant neoplasm of lip,oral cavity and pharynx
_____	150.0-159.9	Malignant neoplasm of digestive organs and peritoneum
_____	160.0-165.9	Malignant neoplasm of respiratory and intrathoracic organs
_____	170.0-176.9	Malignant neoplasm of bone, connective tissue, skin and breast
_____	179-189.9	Malignant neoplasm of genitourinary organs
_____	190.0-199.1	Malignant neoplasm of other unspecified sites (except 198.5)
_____	198.5	Secondary malignant neoplasm of bone and bone marrow
_____	200.00-200.88	Lymphosarcoma and reticulosarcoma
_____	201.00-202.98	Other malignant neoplasm of lymphoid and histiocytic tissue

What is the member's current weight? _____

What is the dosage you have (or will be) prescribing? _____

Is there an expected (anticipated) completion date of chemotherapy administration? _____

How long do you anticipate Neumega (Oprelvekin) therapy to last? _____

How will this medication be administered?

Self-administering	_____ Yes	_____ No
Home Health	_____ Yes	_____ No
Office setting	_____ Yes	_____ No
Outpatient setting	_____ Yes	_____ No
Other	_____	

Please indicate the member's platelet count prior to the administration of Neumegea.

(Please enclose a copy of the most recent CBC results)

Physician's Signature

Date

Please **Print** Name

Fax Number

Please **Print** Physician's Specialty

Phone Number

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

Sincerely,
Pharmacy Programs

Forms are also available online at

<http://usableadmin.abcbs.net/providers/PharmacyForms.aspx>