



15 Earhart Drive, Suite 101, Amherst, NY 14221

COLONY STIMULATING FACTORS
AUTHORIZATION AND RE-AUTHORIZATION
REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name: Today's Date: Date Needed:
Date of birth: Sex: Weight: Prescriber: Hospital/Clinic:
Home Phone Number: Phone Number: Fax Number:
Home Address: City: State: Zip: Address: City: State: Zip:
Member's Insurance ID: Notes:
Allergies:

DRUG SELECTION

[ ] New authorization [ ] Re-authorization

Filgrastim Products: [ ] GRANIX [ ] NIVESTYM [ ] NEUPOGEN [ ] ZARXIO [ ] OTHER: \_\_\_\_\_

Pegfilgrastim Products: [ ] FULPHILIA [ ] NEULASTA [ ] UDENYCA [ ] ZIEXTENZO [ ] OTHER: \_\_\_\_\_

Dose/Frequency: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

ICD 10 Code: \_\_\_\_\_

Medication to be self-injected? [ ] Yes [ ] No

Please list previous therapies:

Table with 3 columns: Medication Name, Therapy Dates, Results

Filgrastim: Patient with acute myeloid leukemia is receiving induction or consolidation chemotherapy OR [ ] Yes [ ] No

Patient is undergoing peripheral blood progenitor cell (PBPC) collection and therapy OR [ ] Yes [ ] No

Patient has severe chronic neutropenia. [ ] Yes [ ] No OR

• Is ANC < 500/mm³ AND [ ] Yes [ ] No

Does patient have one of the following:

[ ] Congenital neutropenia OR

[ ] Cyclic neutropenia OR

[ ] Idiopathic neutropenia OR

Patient has myelodysplastic syndrome [ ] Yes [ ] No

• If yes, is endogenous serum erythropoietin level is < 500 mUnits/mL AND [ ] Yes [ ] No

[ ] Patient is also receiving concurrent therapy with Erythropoiesis Stimulating Agents OR

Patient has been acutely exposed to myelosuppressive dose of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

[ ] Yes [ ] No

Filgrastim, cont'd:

Patient has cancer and is undergoing myelosuppressive chemotherapy OR [ ] Yes [ ] No

Chemotherapy regimen has an expected incidence of febrile neutropenia of 20% or greater OR [ ] Yes [ ] No

Chemotherapy regimen has an expected incidence of febrile neutropenia of 10% or greater [ ] Yes [ ] No

AND Select additional comorbidities:

[ ] Elderly (65+)

[ ] Recent surgery

[ ] Previous exposure of pelvis, or other areas of large amounts of bone marrow, to radiation

[ ] History of recurrent febrile neutropenia from chemotherapy

[ ] Preexisting neutropenia (ANC < 1000/mm³) or bone marrow involvement with tumor

[ ] Condition that can potentially increase risk of serious infection (HIV/AIDS, open wounds)

[ ] Extensive prior exposure to chemotherapy

[ ] Liver dysfunction/elevated bilirubin

[ ] Poor renal function

[ ] Poor performance status

Pegfilgrastim:

Medication to be self-injected? [ ] Yes [ ] No

Patient has a non-myeloid malignancy: [ ] Yes [ ] No

Patient is being treated with myelosuppressive anti-cancer drug associated with clinical sign incidence of febrile neutropenia [ ] Yes [ ] No

Chemotherapy Regimen: \_\_\_\_\_

FOR RE-AUTHORIZATION:

CBC Value: \_\_\_\_\_ Date: \_\_\_\_\_

ANC Value: \_\_\_\_\_ Date: \_\_\_\_\_