



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 of birth:	Sex:	Weight:	Prescriber:	Hospital/Clinic:	
Home Phone Number:			Phone Number:	Fax Number:	
Home Address:	City:	State:	Zip:	Address:	City: State: Zip:
Payor: <input type="checkbox"/> Independent Health <input type="checkbox"/> Anne Arundel Health System <input type="checkbox"/> Pharmacy Benefit Dimensions	<input type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Self-funded	Notes:		
Insurance ID:	Group Number:		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:

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: _____