



**Outpatient Medical Injectable
Granulocyte Colony-Stimulating Factors
Request Form
Fax to 833-581-1861
(Medical Benefit Only)**

Member Name: _____

Member Date of Birth: _____

Member UMI: _____

Requesting Physician's Name: _____ NPI Number: _____

Requesting Physician's Address: _____

Office Contact: _____ Phone #: _____ Fax #: _____

Facility: _____ Facility NPI Number: _____

Facility's Address: _____

Date of Service: _____

Diagnosis Code(s): _____

DRUG INFORMATION (please select one)	
<p><u>PREFERRED PRODUCTS</u></p> <p><input type="checkbox"/> Neulasta (J2506)</p> <p><input type="checkbox"/> Fulphila (Q5108)</p> <p><input type="checkbox"/> Ziextenzo (Q5120)</p>	<p><u>NON-PREFERRED</u></p> <p><input type="checkbox"/> Udenyca (Q5111)</p> <p><input type="checkbox"/> Nyvepria (Q5120)</p> <p>A non-preferred product will be considered when the individual has documented therapy failure after an adequate therapeutic trial of a preferred product, or the preferred product has not been tolerated or is contraindicated</p>
1. What is the patient's cancer diagnosis and staging?	
2. Is this medication being used to prevent chemo-induced febrile neutropenia? (If NO, please state intended use)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. What is the patient's complete chemo regimen?	
4. Is the patient considered to be at low, intermediate or high risk for febrile neutropenia?	<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High

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<p>5. Is the patient at an increased risk for febrile neutropenia due to any of the following reasons?</p>	<p><input type="checkbox"/> Persistent neutropenia (ANC of 1500/mm³ or less)</p> <p><input type="checkbox"/> History of febrile neutropenia</p> <p><input type="checkbox"/> Prior exposure to chemotherapy or radiation</p> <p><input type="checkbox"/> Bone marrow involvement by tumor</p> <p><input type="checkbox"/> Recent surgery and/or open wounds</p> <p><input type="checkbox"/> Liver or renal dysfunction</p> <p><input type="checkbox"/> Age > 65 years receiving full chemo dose intensity</p> <p><input type="checkbox"/> Comorbidities that can increase risk of serious infection</p> <p><input type="checkbox"/> Other:</p>
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<p>Please attach all pertinent clinical information</p> <p>Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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