FLORIDA MEDICAID PRIOR AUTHORIZATION

COLONY STIMULATING FACTORS

Preferred: Leukine®, Neupogen®, Nyvepria™

Clinical PA required (Non-Preferred): Fulphila™/Fylnetra®/Granix®/Neulasta®/ Nivestym®/Releuko®/Rolvedon™/Stimufend®/Udenyca®/Zarxio®/Ziextenzo™

Note: Form must be completed in full. An incomplete form may be returne

Recipient's Medicaid ID # **Date of Birth (MM/DD/YYYY)**

/ /

Recipient's Full Name

Prescriber's Full Name

Prescriber License # (ME, OS, ARNP, PA)

Prescriber Phone Number - - **Prescriber Fax Number** - -

Pharmacy Name

Pharmacy Medicaid Provider #

Pharmacy Phone Number - - **Pharmacy Fax Number** - -

Drug Name/Strength/NDC (if available) submitted on claim: ___________________________________

1. What is the diagnosis or the indication for the product? Please check below **AND** submit supporting documentation indicating the diagnosis.
   - ☐ Cancer patient receiving myelosuppressive chemotherapy
   - ☐ Cancer patient receiving bone marrow transplant
   - ☐ Patient receiving induction or consolidated chemotherapy for acute myeloid leukemia (AML)
   - ☐ Peripheral blood progenitor cell collection and therapy in cancer patient
   - ☐ Acute exposure to myelosuppressive doses of radiation in patient
   - ☐ Severe neutropenia in acquired immunodeficiency syndrome (AIDS) patient on antiretroviral therapy
   - ☐ Severe chronic neutropenia in patient (select from the following):
     - ☐ Congenital ☐ Cyclic ☐ Idiopathic

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2. This is: ☐ New therapy **OR** ☐ Continuation of therapy
3. Can the prescriber attest the disease state or prescribed regimen is high risk (> 20%) for febrile neutropenia? ☐ Yes ☐ No
4. Lab test date: ___________________
   Absolute neutrophil count (ANC): ____________________ cells/mm^3
5. What is the date range of therapy? Begin date: _________________ End date: _________________
6. What will be the dosage and frequency of dosing? ____

Prescriber's Signature: _______________________________________ Date: __________________

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes) and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

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