



Neupogen, Granix Prior Authorization Request

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____	Date: _____
Patient's ID: _____	Patient's Date of Birth: _____
Physician's Name: _____	_____
Specialty: _____	NPI#: _____
Physician Office Telephone: _____	Physician Office Fax: _____

Referring Provider Info: Same as Requesting Provider

Name: _____	NPI#: _____
Fax: _____	Phone: _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider

Name: _____	NPI#: _____
Fax: _____	Phone: _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____ kg

Patient Height: _____ cm

Please indicate the place of service for the requested drug:

- Ambulatory Surgical
 Home
 Inpatient Hospital
 Off Campus Outpatient Hospital
 On Campus Outpatient Hospital
 Office
 Pharmacy

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Neupogen Granix CF STEP – 10/2018.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-866-814-5506 • Fax: 1-855-330-1720 • www.caremark.com

Criteria Questions:

1. What is the ICD-10 code? _____
2. The preferred product for you patient’s plan is Zarxio. Can the patient’s treatment be switched to Zarxio?
 Yes, *No Prior Authorization Required.* No
3. Did the patient have a documented previous treatment failure with Zarxio? ***Action Required: If ‘Yes’, attach supporting chart note(s).*** Yes, *no further questions.* No
4. Has the patient experienced a documented intolerable adverse event to Zarxio? ***Action Required: If ‘Yes’, attach supporting chart note(s).*** Yes, *no further questions.* No
5. Does the patient have a documented latex allergy and the prescriber has stated that the member must use latex-free vials? ***Action Required: If ‘Yes’, attach supporting chart note(s).*** Yes, *no further questions.* No
6. Are Neupogen or Granix being requested for doses less than 180 mcg? Yes No

Step Therapy Override: Complete if Applicable.	Please Circle	
Is the requested drug being used to treat stage four advanced metastatic cancer?	Yes	No
Is the requested drug’s use consistent with the FDA-approved indication or the National Comprehensive Cancer Network Drugs & Biologics Compendium indication for the treatment of stage four advanced metastatic cancer and is supported by peer-reviewed medical literature?	Yes	No
Is the requested drug being used for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Lexicomp, Clinical Pharmacology, Micromedex, current accepted guidelines)?	Yes	No
Does the prescribed quantity fall within the manufacturer’s published dosing guidelines or within dosing guidelines found in the compendia of current literature (examples: package insert, AHFS, Lexicomp, Clinical Pharmacology, Micromedex, current accepted guidelines)?	Yes	No
Do patient chart notes document the requested drug was ordered with a paid claim at the pharmacy, the pharmacy filled the prescription and delivered to the patient or other documentation that the requested drug was prescribed for the patient in the last 180 days?	Yes	No
Has the prescriber provided proof documented in the patient chart notes that in their opinion the requested drug is effective for the patient’s condition?	Yes	No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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