

Fulphila[®] (Pegfilgrastim-jmdb), Nivestym[®] (Filgrastim-aafi), Neulasta[®] (Pegfilgrastim),
Releuko[™] (Filgrastim-ayow), and Udenyca[®] (Pegfilgrastim-cbqv)
Prior Authorization Form

Member Name: _____ Date of Birth: _____ Member ID#: _____

Drug Information

Physician billing (HCPCS code: _____) Pharmacy billing (NDC: _____)

Dose: _____ Dosing Regimen: _____ Start Date (or date of next dose): _____

Expected Treatment Duration/Number of Doses: _____

Billing Provider Information

Provider NPI: _____ Provider Name: _____

Provider Phone: _____ Provider Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____

Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria

Please indicate the diagnosis and information:

1. For Fulphila[®] (pegfilgrastim-jmdb), Neulasta[®] (pegfilgrastim), and Udenyca[®] (pegfilgrastim-cbqv), please indicate the diagnosis and information:

A. Diagnosis: _____

B. Please provide a patient-specific, clinically significant reason why the member cannot use Granix[®] (tbo-filgrastim), Neupogen[®] (filgrastim), Nyvepria[™] (pegfilgrastim-apgf), Zarxio[®] (filgrastim-sndz), or Ziextenzo[®] (pegfilgrastim-bmez):

2. For Nivestym[®] (filgrastim-aafi) and Releuko[™] (filgrastim-ayow), please indicate the diagnosis and information:

A. Diagnosis: _____

B. Please provide a patient-specific, clinically significant reason why the member cannot use Granix[®] (tbo-filgrastim), Neupogen[®] (filgrastim), or Zarxio[®] (filgrastim-sndz) :

Additional Information: _____

Prescriber Signature: _____ Date: _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.

Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit

Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

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