



**BlueCross
BlueShield**

Federal Employee Program

**FILGRASTIM
PRIOR APPROVAL REQUEST**

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: **1-877-378-4727**

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: ☐ Male ☐ Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R			Physician Signature:		
PHYSICIAN COMPLETES						

NOTE: Form must be completed in its **entirety** for processing

Please select medication:	☐ Nivestym (filgrastim-aafi)	☐ Zarxio (filgrastim-sndz)
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****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

Is this request for brand or generic? ☐ Brand ☐ Generic

1. What is the patient's diagnosis?

- | | |
|---|---|
| ☐ Agranulocytosis | ☐ Hematopoietic stem cell transplantation |
| ☐ Aplastic anemia | ☐ Hematopoietic syndrome of acute radiation syndrome |
| ☐ Hairy cell leukemia | ☐ Umbilical cord stem cell transplantation |
| ☐ Acute myeloid leukemia (AML) | |

a. Has the patient had induction chemotherapy or consolidation chemotherapy? ☐ Yes ☐ No

☐ Myelodysplastic syndrome

a. Is the patient neutropenic with recurrent or resistant infections? ☐ Yes ☐ No

☐ Peripheral blood progenitor cell (PBPC) collection

a. Is the requested medication being used for autologous peripheral blood progenitor cell (PBPC) mobilization and post transplantation? ☐ Yes ☐ No

☐ Neutropenia

a. What is the type or cause of the neutropenia? **Please select the type or cause below:**

- | | |
|--|---|
| ☐ AIDS associated | ☐ Chronic congenital neutropenia (e.g., Kostmann's Syndrome) |
| ☐ Cyclic neutropenia | ☐ Idiopathic neutropenia |
| ☐ Cytomegalovirus-induced neutropenia | ☐ Neutropenia secondary to anti-rejection medications, post-transplant |
| ☐ Ganciclovir-induced neutropenia | |
| ☐ Chemotherapy associated | |

i. Is the request for prevention of febrile neutropenia following chemotherapy for a solid or non-myeloid malignancy? ☐ Yes ☐ No

ii. Is the patient considered to be at intermediate or high risk? ☐ Yes ☐ No

☐ Hepatitis C therapy associated

i. What is the patient's absolute neutrophil count (ANC) per cubic millimeter (mm³)? _____ mm³

☐ Other (please specify): _____

☐ Other diagnosis (please specify): _____

2. Will this medication be used in combination with another granulocyte colony-stimulating factor (G-CSF)? ☐ Yes* ☐ No

***If YES**, please specify medication: _____



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST	Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.
Phone (4-5 minutes for response)	The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 days for response)	Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u>

faster...
easier...
better...

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

CVS/caremark

