



**CSF Short Acting Products  
Granix, Leukine, Neupogen Nivestym, Releuko,Zarxio**

**HMSA COM- Prior Authorization Request**

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 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. 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:** \_\_\_\_\_  
**Patient's Phone Number:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_

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

**Additional Demographic Information:**

*Patient Weight:* \_\_\_\_\_ *kg*  
*Patient Height:* \_\_\_\_\_ *ft* \_\_\_\_\_ *inches*

***Indicate where the drug is being dispensed:***

- Office  Outpatient Hospital  Ambulatory Surgical  Inpatient Hospital
- Off Campus Outpatient Hospital  Urgent Care  Emergency Room  Birthing Center
- Military Facility  Skilled Nursing Facility  Nursing Facility  Hospice
- Inpatient Psychiatric  Psychiatric Residential Treatment  End Stage Renal Facility
- Psychiatric Facility  Pharmacy  Other

***Indicate where the drug is being administered:***

- Ambulatory surgical  Home  Inpatient Hospital
- Office  Outpatient Hospital  Pharmacy

What is the ICD-10 code? \_\_\_\_\_

**Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512**

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. CSF Short-Acting Products HMSACOM C21336-A - 1/2025

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Phone: 1-808-254-4414 • Fax: 1-866-237-5512 • [www.caremark.com](http://www.caremark.com)**

**Exception Criteria Questions:**

1. What is the requested product?
  - Granix, *Continue to Question 2*
  - Leukine, *Continue to Question 2*
  - Neupogen, *Continue to Question 2*
  - Nivestym, *Continue to Question 2*
  - Releuko, *Continue to Question 2*
  - Zarxio, *No further action is needed. No PA is required for the preferred product.*
  
2. Is the product being requested for the treatment of one of the following indications?
  - Neutropenia associated with myelosuppressive anti-cancer therapy
  - Neutropenia due to chemotherapy for acute myeloid leukemia
  - Neutropenia associated with myeloablative chemotherapy after a bone marrow transplant for a non-myeloid cancer
  - Autologous stem cell mobilization
  - Severe chronic congenital neutropenia, severe chronic cyclic neutropenia, or severe chronic idiopathic neutropenia
  - Yes, *Continue to Question 3*
  - No, *No Further Questions*
  
3. Is the dose of the requested product less than 300mcg?
  - Yes, *No Further Questions*
  - No, *Continue to Question 4*
  
4. The preferred product for your patient's health plan is Zarxio. Can the patient's treatment be switched to the preferred product?
  - Yes, *No further action is needed. No PA is required for the preferred product*
  - No, *Continue to Question 5*
  
5. What is the requested product?
  - Neupogen, *Continue to Question 6*
  - Granix, *Continue to Question 6*
  - Nivestym, *Continue to Question 6*
  - Releuko, *Continue to Question 6*
  - Leukine, *Skip to Question 8*
  - Other *Skip to Question 8*
  
6. Has the patient failed treatment with Zarxio due to an intolerable adverse event (e.g., rash, nausea, vomiting)? **Action Required: If 'Yes', please attach supporting chart note(s).**
  - Yes, *Continue to Question 7*
  - No, *No Further Questions*
  
7. Was the intolerable adverse event an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the brand and biosimilar medication)? **Action Required: If 'No', please attach supporting chart note(s).**
  - Yes, *No Further Questions*
  - No, *No Further Questions*
  
8. Has the patient failed treatment with Zarxio due to an inadequate response or intolerable adverse event (e.g., rash, nausea, vomiting)? **Action Required: If 'Yes', please attach supporting chart note(s).**
  - Yes, *No Further Questions*
  - No, *No Further Questions*

***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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