

Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

LEUKINE (Sargramostim)

Coverage Criteria / Required Medical Information

For use following induction or consolidation chemotherapy in AML: there are < 10% leukemic myeloid blasts in bone marrow or peripheral blood. For patients with nonmyeloid malignancies receiving myelosuppressive chemotherapy: Leukine may be used for the prevention of chemotherapy-induced neutropenia if the regimen has a 20% or more risk of neutropenia **or** the patient experienced febrile neutropenia with a previous chemotherapy cycle. Patients without severe risk for neutropenia may also receive Leukine for prophylaxis if there is a risk for serious medical consequences due to febrile neutropenia and the intent of chemotherapy to prolong survival or cure the disease. Leukine is allowable for the treatment of febrile neutropenia in patients who have received prophylaxis with Leukine (or Neupogen) **or** in patients at risk for infection-related complications. Leukine is allowable for patients with neutropenia due to myelodysplastic syndrome if they have a history of recurrent or resistant infections.

All patients must receive baseline and regular monitoring of complete blood counts and platelet counts.

Coverage Duration:

6 months

Exclusion Criteria:

Administration within 24 hours preceding or following chemotherapy or radiotherapy; hypersensitivity to yeast-derived products; treatment of acute afebrile neutropenia; use to increase the chemotherapy dose intensity or dose schedule above established regimens.

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physicians Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			



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Requested Drug			
LEUKINE	Reason for Request		
Condition/Diagnosis Related			
Clinical Drug/Lab History Pertinent to Request			
Labs: Baseline/Ongoing		Strength/Dosage	
Formulary Alternative(s) Attempted?	Yes:		No: <input type="checkbox"/>
Please List Alternative Formulary Drugs			
Comments			

Physicians Signature: _____ Fax Form to 1-866-481-3704