



**Outpatient Chemotherapy
Granulocyte Colony-Stimulating Factors
Request Form
Fax to 833-581-1861
(Medical Benefit Only)**

Member Name: _____

Member Date of Birth: _____

Member UMI: _____

Requesting Physician's Name: _____ NPI Number: _____

Requesting Physician's Address: _____

Office Contact: _____ Phone #: _____ Fax #: _____

Facility: _____ Facility NPI Number: _____

Facility's Address: _____

Date of Service: _____

Diagnosis Code(s): _____

Requesting Drug: Neulasta J2505 Fulphila Q5108 Udenyca Q5111

1. What is the patient's cancer diagnosis and staging?	
2. Is this medication being used to prevent chemo-induced febrile neutropenia?	<input type="checkbox"/> yes <input type="checkbox"/> no if no:
3. What is the patient's complete chemo regimen?	
4. Is the patient considered to be at low, intermediate or high risk for febrile neutropenia?	<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High
5. Is the patient at an increased risk for febrile neutropenia due to any of the following reasons?	<input type="checkbox"/> Persistent neutropenia (ANC of 1500/mm ³ or less) <input type="checkbox"/> History of febrile neutropenia <input type="checkbox"/> Prior exposure to chemotherapy or radiation <input type="checkbox"/> Bone marrow involvement by tumor <input type="checkbox"/> Recent surgery and/or open wounds <input type="checkbox"/> Liver or renal dysfunction <input type="checkbox"/> Age > 65 years receiving full chemo dose intensity <input type="checkbox"/> Comorbidities that can increase risk of serious infection <input type="checkbox"/> Other:

****Please verify member's eligibility and benefits through the health plan****