

Health New England
Medication Request Form (MRF)/Prescription Request
Leukine® (sargramostim)

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

Prior Authorization

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Quantity approved:
PA from and thru date:
PA #
Denied:
Returned:

Instructions:

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Leukine®. Please complete this form and fax to ICORE Healthcare at (866) 364-2673. If you have any questions regarding this process, please contact ICORE Healthcare at (800) 775-5138.

Medication Request Information (please complete each section of this form prior to transmittal):

J-code = J2820. 1 unit = 50mcg (only if administered in physicians office, not if self administered)

Patient Information (all required)	Physician Information (all required)
Patient Name:	Physician Name:
Patient Cell Phone #: () - 	Specialty:
Patient HNE ID#:	NPI #:
Patient Date of Birth:	HNE Provider #:
Allergies:	DEA #:
	Telephone #: () -
	Fax #: () -

Drug Information

Requested Drug/Strength/Form: LEUKINE	
Dose, Directions, and length of treatment (please be specific):	<input type="checkbox"/> Initial Request (patient has never been on before)
	<input type="checkbox"/> Renewal Request
Quantity (per month):	Refills:
Physician Signature:	Date:

Please check or fill in all sections:

- Please indicate patient's diagnosis:
 - Use following induction chemotherapy in acute myelogenous leukemia.
 - Use in mobilization and following transplantation of autologous peripheral blood progenitor cells.
 - Use in myeloid reconstitution following autologous bone marrow transplantation.
 - Use in myeloid reconstitution following allogeneic bone marrow transplantation.
 - Bone marrow transplantation failure or engraftment delay.

- Please provide most recent laboratory evidence:
 - Total white blood cell count-WBC (cells/mm³) _____
 - Absolute neutrophil count-ANC (cells/mm³) _____

(PLEASE FAX COPY OF LAB VALUES ALONG WITH THIS FORM)