



Leukine

**Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A Please answer the following questions

1. Is Leukine indicated for one of the following?
 - ⊖ Mobilization and following transplantation of autologous peripheral blood progenitor cells: For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis
 - ⊖ Myeloid reconstitution after autologous bone marrow transplantation (BMT) in patients with non-Hodgkin lymphoma (NHL), acute lymphoblastic leukemia (ALL), and Hodgkin disease
 - ⊖ Myeloid reconstitution after allogeneic bone marrow transplantation: For acceleration of myeloid recovery in patients undergoing allogeneic BMT from HLA-matched related donors.
 - ⊖ Bone marrow transplantation failure or engraftment delay: In patients who have undergone allogeneic or autologous BMT in whom engraftment is delayed or has failed
 - ⊖ Neutrophil recovery following induction chemotherapy in patients with Acute Myelogenous Leukemia (AML)
 - ⊖ To increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome [H-ARS])
 - ⊖ Other. Please list indication below:

