

**RYAN WHITE PROGRAM  
Prior Authorization Form for Neupogen® (Filgrastim)**

Recipient's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Prescriber Full Name: \_\_\_\_\_ Prescriber License #: (ME,OS,RN) \_\_\_\_\_  
 Prescriber Telephone #: \_\_\_\_\_ Prescriber Fax #: \_\_\_\_\_  
 Drug Strength: \_\_\_\_\_

Please check below the diagnosis or indication for this product:

- Severe neutropenia in AIDS patients on antiretroviral therapy
- Severe Chronic Neutropenia:    congenital    cyclic    idiopathic
- Cancer patients with HIV/AIDS receiving myelosuppressive chemotherapy

Select one of the following:

New Therapy     **OR**    Continuation of Therapy

Lab Test Date: \_\_\_\_\_ Absolute Neutrophil Count: \_\_\_\_\_ cells/mm3

What is the date range of therapy? Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Indicate dosage and frequency of dosing: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_

**Please attach a copy of the original prescription and lab results dated within the last two (2) months.**

**Fax information to:**

<b><u>Ryan White Program-funded Pharmacy</u></b>	<b><u>Phone Number</u></b>	<b><u>Fax Number</u></b>
AIDS Healthcare Foundation	(305) 758-1984	(305) 758-8714
Citrus Health Network	(305) 825-0300, Ext. 2770	(305) 556-2580
Community Health of South Dade (Doris Ison)	(305) 253-5100	(305) 254-7795
Community Health of South Dade (MLKJCC)	(305) 248-4334	(305) 246-1016
Mercy Professional Pharmacy	(305) 285-2762	(305) 285-5019 <b>OR</b> (305) 285-2606
Miami Beach Community Health Ctr (Alton Rd.)	(305) 538-8835, Ext. 1128	(305) 795-2156
Miami Beach Community Health Ct. (Bev. Press)	(305) 538-8835, Ext. 2242, 265, and 266	(305) 867-4312
PHT/South Florida AIDS Network	(305) 585-5890	(305) 585-0088

**FOR RYAN WHITE PROGRAM USE ONLY**

**Date:** \_\_\_\_\_ **Notified:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Denied:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Please note:** All questions should be addressed to Ms. Theresa Fiaño, Assistant Director, Office of Grants Coordination, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.).

Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.