

RYAN WHITE PROGRAM
Letter of Medical Necessity for Neupogen® (Filgrastim)

Recipient's Full Name: _____ Date of Birth: _____ / _____ / _____
Prescriber Full Name: _____ Prescriber License #: (MD,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:

<u>Ryan White Program-funded Pharmacy</u>	<u>Phone Number</u>	<u>Fax Number</u>
AIDS Healthcare Foundation (NW 170 th St.)	(305) 758-1984	(305) 758-8714
AIDS Healthcare Foundation (Biscayne Blvd.)	(305) 764-3780	(305) 764-3784
AIDS Healthcare Foundation (Miami Beach)	(305) 538-5914	(305) 538-1730
AIDS Healthcare Foundation (S. Miami Ave.)	(305) 534-1294	(305) 534-8311
Citrus Health Network	(305) 825-0300, Ext. 2770	(305) 556-2580
Community Health of South Florida (Doris Ison)	(305) 253-5100	(305) 254-7795
Community Health of South Florida (MLKJCC)	(305) 248-4334	(305) 246-1016
Miami Beach Community Health Ctr (Alton Rd.)	(305) 538-8835, Option 41	(305) 695-2156
Miami Beach Community Health Ctr. (Bev. Press)	(305) 538-8835, Option 42	(305) 867-4312
Miami Beach Community Health Ctr. (North)	(305) 538-8835, Option 43	(305) 695-2168
Public Health Trust / Jackson Health System	(305) 585-5890	(305) 585-0088

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, 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.