



**Medicare Part D – 2016**

**Prior Authorization Group Description**

LEUKINE

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

**Required Medical Information:**

**Age Restrictions:**

**Prescriber Restrictions:**

**Coverage Duration:**

Length of Benefit.

**Other Criteria:**

Use Following Induction Chemotherapy in Acute Myelogenous Leukemia, Use in Mobilization and Following Transplantation of Autologous Peripheral Blood Progenitor Cells, Use in Myeloid Reconstitution After Autologous or Allogeneic Bone Marrow Transplantation: Failure or clinically significant adverse effects to Neupogen is required for approval.