



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Erythropoietins

Phone: 215-991-4300 Fax back to: 866-240-3712

HEALTH PARTNERS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please print clearly.**

<p>Patient Name:</p> <p>Member Number:</p> <p>Date of Birth:</p> <p>Group Number:</p> <p>Address:</p> <p>City, State, Zip:</p>	<p>Physician Name:</p> <p>Fax: Phone:</p> <p>Office Contact:</p> <p>NPI: State Lic. Id:</p> <p>Address:</p> <p>City, State, Zip:</p>
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Drug Name: Expedited/Urgent

Directions:

Please answer the following questions and sign below:
<p>Q1. What product is being requested? Procrit Epogen Aranesp</p>
<p>Q2. For Epogen and Aranesp requests: Did the patient have therapeutic failure or intolerance to the formulary product Procrit? Yes No</p>
<p>Q3. What is the patient's diagnosis? Anemia of chronic renal failure (CRF) Anemia related to zidovudine therapy in HIV-infected patients Anemia in cancer patients with non-myeloid malignancy on chemotherapy Reduction of allogenic blood transfusion in surgery patients Other</p>
<p>Q4. If "Other" please indicate diagnosis in the space below.</p>
<p>Q5. If for anemia in Chronic Renal Failure: Does the patient have a diagnosis of anemia, Hematocrit (Hct) less than 33% or Hemoglobin (Hb) less than 11 g/dl? Yes No</p>
<p>Q6. For anemia in Chronic Renal Failure: Does the patient have serum ferritin greater than 100 ng/dl and transferrin saturation of 20%? Yes No</p>
<p>Q7. For anemia in Chronic Renal Failure: Have or will the patient's iron stores be evaluated and adequately maintained during therapy? Yes No</p>
<p>Q8. For anemia in Chronic Renal Failure: Will the patient's Hct or Hb and iron stores be monitored periodically while receiving epoetin alfa? Yes No</p>



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Physician Name:

Q9. For anemia related to Zidovudine therapy: Does the patient have a diagnosis of anemia (Hct less than 36% or Hb less than 12g/dl)?

Yes No

Q10. For anemia related to Zidovudine therapy: Has the patient's endogenous serum erythropoietin level been evaluated?

Yes No

Q11. If yes, Does the patient have serum erythropoietin level less than or equal to 500 mUnits/ml?

Yes No

Q12. For anemia related to Zidovudine therapy: Does the patient receive a dose of Zidovudine less than or equal to 4200mg/week?

Yes No

Q13. For anemia related to Zidovudine therapy: Will the patient's iron stores be evaluated during therapy?

Yes No

Q14. Anemia related to Zidovudine therapy: Will the patient's Hct or Hb and iron stores be monitored periodically while receiving epoetin alfa?

Yes No

Q15. For non-myeloid malignancies: Have the patient's endogenous serum erythropoietin levels been evaluated?

Yes No

Q16. If yes, Does the patient have serum erythropoietin level less than or equal to 200 mUnits/ml?

Yes No

Q17. For non-myeloid malignancies: Has the patient developed anemia (Hb less than 10g/dl)?

Yes No

Q18. For non-myeloid malignancies: Will the patient's Hct or Hb and iron stores be monitored periodically while receiving epoetin alfa?

Yes No

Q19. For surgery patients: Is the surgery elective, noncardiac, nonvascular surgery?

Yes No

Q20. For surgery patients: Does the patient have a diagnosis of anemia (Hb greater than 10g/dl to less than or equal to 13g/dl)?

Yes No

Q21. For surgery patients: Will the patient's Hct or Hb and iron stores be monitored periodically while receiving epoetin alfa?

Yes No

Q22. Deliver to:

Physician's Office Home Delivery

Q23. Delivery date needed:



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Physician Name:

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Physician Signature

Date

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