



**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.**

**Patient Name:**

Member Number:

Date of Birth:

Group Number:

Address:

City, State, Zip:

**Physician Name:**

Fax:

Phone:

Office Contact:

NPI:

State Lic. Id:

Address:

City, State, Zip:

Drug Name:

Expedited/Urgent

Directions:

**Please answer the following questions and sign below:**

Q1. 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

Q2. If Other, please specify:

Q3. For Chronic Renal Failure: Has the patient received epoetin alfa therapy in the previous month?

Yes No

Q4. For Chronic Renal Failure: Does the patient continue to have a diagnosis of anemia?

Yes No

Q5. For Chronic Renal Failure: Have the patient's Hct or Hb and iron stores been monitored while receiving epoetin alfa?

Yes No

Q6. For Chronic Renal Failure: Has the patient's Hct increased more than 4 points in any 2-week period (or exceeds 36%) or has the patient's hemoglobin risen above 12 g/dL?

Yes No

Q7. For Chronic Renal Failure: Have you considered a reduction in dosage or an interruption of therapy (i.e., therapy has or will be stopped and then re-started)?

Yes No

Q8. For anemia related to zidovudine therapy: Does the patient continue to have a diagnosis of anemia?

Yes No

Q9. For anemia related to Zidovudine therapy: Have the patient's Hct or Hb and iron stores been monitored while receiving epoetin alfa?

Yes No



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**Patient Name:**

**Physician Name:**

Q10. For anemia related to Zidovudine therapy: Does the patient continue to receive a dose of Zidovudine of 4200mg/week?

Yes No

Q11. For anemia related to Zidovudine therapy: Has the patient's Hct increased more than 4 points in any 2-week period (or exceeds 36%) or has the patient's Hb risen above 12 g/dL?

Yes No

Q12. For anemia related to Zidovudine therapy: Have you considered a reduction in dosage or an interruption of therapy (i.e., therapy has or will be stopped and then re-started)?

Yes No

Q13. For non-myeloid malignancies: Does the patient continue to have a diagnosis of anemia?

Yes No

Q14. For non-myeloid malignancies: Have the patient's Hct or Hb and iron stores been monitored while receiving epoetin alfa?

Yes No

Q15. For non-myeloid malignancies: Has the patient's Hct increased more than 4 points in any 2-week period (or exceeds 36%) or has the patient's Hb risen above 12g/dl?

Yes No

Q16. For non-myeloid malignancies: Have you considered a reduction in dosage or an interruption of therapy (i.e., therapy has or will be stopped and then re-started)?

Yes No

Q17. Deliver to:

Physician's Office Home Delivery

Q18. Delivery date needed:

**Physician Signature**

**Date**