



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Procrit

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 note any information left blank or illegible may delay the review process.**

<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>Member Phone:</p>	<p>Prescriber 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:

Patient belongs to (please check one): HEALTH PARTNERS KIDZPARTNERS

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign:

Q1. What is the requested duration of therapy?
 1 month or less More than 1 month

Q2. Has the patient received Procrit therapy in the previous month?
 Yes No

Q3. Please select the patient's diagnosis for this medication:
 Anemia of Chronic Renal Failure
 Anemia Related to Zidovudine Therapy
 Anemia in Cancer Patients with non-myeloid malignancies on chemotherapy
 Other

Q4. If "Other" please indicate diagnosis in the space below.

Q5. If "Other" please indicate diagnosis in the space below.

Q6. Does the patient have a diagnosis of anemia (Hb >10 to < or = 13g/dl)?
 Yes No

Q7. Does the patient receive a dose of Zidovudine < or = 4200 mg/wk?
 Yes No

Q8. Has the patient's Hb and iron stores been monitored while receiving Procrit? Labs must be attached.
 Yes No

Q9. Has the patient's Hb increased more than 1 g/dL in a 2-week period or risen above 12 g/dL?
 Yes No



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Patient Name:

Prescriber Name:

Q10. For cancer patients with non-myeloid malignancies on Chemotherapy, has the patient's HB increased more than 1 g/dL in a 2-week period or exceeded a level needed to avoid transfusion?

Yes No

Q11. Additional Information / Comments

Q12. Deliver to:

Physician's Office Home Delivery

Q13. Delivery Date Needed:

Physician Signature

Date