

OPTIMA MEDICARE

PHARMACY PRIOR AUTHORIZATION REQUEST FORM*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: RBC Stimulating Factors (Aranesp, Epogen, Procrit)

Red blood cell stimulating factors are valuable in the management of anemias of several origins. The patient must have adequate iron supplementation and stores to respond adequately. Care must be taken not to exceed Hgb/HCT of 12/36.

Diagnosis:

(Check one)

For Secondary Administration, When There Has Been Previous Documentation of Anemia After Chemotherapy:

- History of anemia while receiving earlier chemotherapy of similar or lesser dose intensity
- Patient who is not a candidate for chemotherapy dose reduction as an alternative means of preventing anemia
- Prolonged anemia is creating delay in chemotherapy treatment

Other:

- Anemia of renal disease
- AIDS associated anemia
- Preexisting anemia due to irradiation to the pelvis or other areas containing large amounts of bone marrow
- To reduce the need for blood transfusions during elective, noncardiac, nonvascular surgery

Depending on where drug is used, drug may be covered under the Part B benefit.

Must submit Hgb/HCT/iron store test results.

Please complete below:

Patient Name _____

Member Number _____ Date _____

Physician Signature _____

Physician Name _____

Phone Number _____ Fax Number _____

Pharmacy Name _____

Pharmacy Tel # _____ (If available)