OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION REQUEST*

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; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.***

This form is to be completed ONLY if the patient is self-administering.

The FDA has placed a Black Box Warning on all Erythropoietin Stimulating Agents (ESA).

Drug Requested (*check one below*):

❑ **Aranesp®** (darbepoetin alfa)	❑ **Epogen®** (epoetin alfa)	❑ **Procrit®** (epoetin alfa)

DRUG INFORMATION: Complete information below. If incomplete, authorization process will be delayed.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ ***ICD Code, if applicable:*** _____

Procrit® is Preferred for Chronic renal Failure and Anemia in Cancer Patients

CLINICAL CRITERIA: ***ALL lines below must be completed to qualify. Authorization process will be delayed if incomplete. ALL lab results/tests MUST be submitted for review.***

Patient's most recent hemoglobin level. Hg =_____

Diagnosis*: *Anemia associated with (check one of the diagnoses below):

❑ ***Chronic Renal Failure***
- ❑ **Patient has tried and failed:**
  - ❑ **Procrit®**

❑ ***HIV/AIDS receiving zidovudine***
- ❑ Endogenous erythropoietin <500mUnits/mL
- ❑ Receiving zidovudine ≤ 4200mg/week

❑ ***Myelodysplasia Syndrome (MDS)***
- ❑ Combination with G-CSF
- ❑ Recent erythropoietin level <500mU/ml

❑ ***Anemia of prematurity***
- ❑ Combination with iron supplementation
- ❑ Birth weight of <1500grms

OR
- ❑ Gestational age <33 weeks

❑ ***Surgery undergoing elective therapy*:**
- ❑ Noncardiac Surgery

OR
- ❑ Nonvascular Surgery
- ❑ Hgb >10 to ≤13 g/dL

❑ ***Anemia in Cancer patient***
- ❑ Non-myeloid Malignancies (i.e. Solid tumors, Multiple Myeloma, Lymphoma, Lymphocytic Leukemia)
- ❑ Other Malignancies_____
- ❑ Name/Date of Chemotherapy_____
- ❑ H/H initial_____
- ❑ H/H after 8 weeks_____
- ❑ ***Patient has tried and failed*:**
  - ❑ **Procrit®**

❑ ***Hepatitis C treated with ribavirin and Interferon***
- ❑ Hg ≤10g/dL
- ❑ Unresponsive to 200mg/day reduction of ribavirin

OR
- ❑ Symptomatic: anemia, cirrhosis, liver transplant, or HIV coinfection

❑ ***Sickle Cell Anemia***

(continued on next page)

*****NOTE: ESAs Not a Covered Benefit: for cancer treatment due to vitamin deficiencies, hemolysis, bleeding or bone marrow fibrosis not related to chemotherapy, anemia associated with chemotherapy for CML or AML, anemia associated with radiotherapy without concomitant chemotherapy, prophylactic use to prevent chemotherapy induced anemia or tumor hypoxia, patients with EPO-type resistance, patients with treatments including angiogenic drugs and anemia of chronic disease *****

Iron studies: shows member has adequate iron stores to support erythropoiesis *(Submit lab test results for review)*

- ❑ Patient's serum ferritin is at least 100ng/mL. Ferritin _____
- ❑ Patient's most recent transferrin saturation is at least 20%_____
- ❑ Drug and dosage regimen prescribed: _____
- ❑ Anticipated length of therapy: _____
- ❑ **IRON THERAPY PRESENT:** _____

Medication being provided by (check applicable box(es) below):

- ❑ **Physician's office**

  OR

- ❑ **Specialty Pharmacy:**
- ❑ **Briova SpecialtyRx**

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name**:** _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

***Approved by Pharmacy and Therapeutics Committee:** 7/20/2012
REVISED/UPDATED: ~~7/12/12; 3/12/2014; 8/8/2014; 10/30/2014; 5/21/2015; 12/24/2015; 8/13/2016; 9/20/2016; 11/16/2016; 12/12/2016; 9/12/2017;~~ **10/6/2017**;