AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT 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 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

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)	❑ **Retacrit™** (epoetin alfa-epbx)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

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

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

Weight: _____ **Date:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Patient's most recent hemoglobin level. Hg =_____

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

- ❑ **Chronic Renal Failure**
- ❑ **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 _____
- ❑ **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**

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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- PropriumRx**

Not all drugs may be covered under every Plan. If a drug is non-formulary on a Plan, documentation of medical necessity will be required

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.

***Approved by Pharmacy and Therapeutics Committee:** 7/20/2012
REVISED/UPDATED/REFORMATTED: ~~7/12/12; 3/12/2014; 8/8/2014; 10/30/2014; 5/21/2015; 12/24/2015; 8/13/2016; 9/22/2016; 12/11/2016; 8/2/2017; 3/5/2019;08/14/2019;~~ **10/26/2023**;