



Erythropoiesis-Stimulating Agents, including Epoetin alpha (Epoen[®], Procrit[®], and Darbepoetin (Aranesp[®]) Medical Policy – RX501.069

Please complete all appropriate questions fully.

Suggested medical record documentation: • Current History & Physical • Progress Notes • Lab Reports

*Failure to include suggested medical record documentation may result in delay or possible denial of request.

PATIENT INFORMATION

Name: Member ID

PROCEDURE INFORMATION

Primary Diagnosis Date

Secondary Diagnoses Date

Date

Date

Date of initiation of therapy

(When possible, please give at least 24 hours notice)

Requesting authorization for:

- J0885 (Procrit[®], Epogen[®]) J0886 (Procrit[®], Epogen[®])
Q4081 (Procrit[®], Epogen[®]) J0882 (Aranesp[®])
J0881 (Aranesp[®])

LAB VALUES Please note: If therapy has already been initiated, we must receive values from PRIOR to administration

Hemoglobin (HGB) Hematocrit (HCT) Blood Ferritin Level
Date Value Date Value Date Value
Transferrin Saturation
Date Value Date Value Date Value

CHEMOTHERAPY

- 1. Date chemotherapy initiated
2. Expected duration of chemotherapy
3. Chemotherapy agent(s) administered
4. Cause of anemia
5. Anticipated outcome of chemotherapy Cure Palliative
Comments

HIV

- 1. AZT (zidovudine) administration
2. Endogenous serum erythropoietin level
Comments

PREOPERATIVE

- 1. Scheduled for elective surgery ___No ___Yes, procedure(s) _____

- 2. Candidate for autologous blood transfusion ___No ___Yes
Explain _____

- 3. At high risk for significant perioperative blood loss ___No ___Yes
Explain _____

- 4. Document hemoglobin and hematocrit in Lab section above
Comments _____

PREMATURITY

- 1. Birth weight _____ Gestational Age _____
- 2. Document hemoglobin and hematocrit in Lab section above
Comments _____

HEPATITIS C

- 1. Medications – combination therapy:
Ribavirin _____ in combination with
Interferon alfa _____ OR Peg Interferon _____
Other _____
 - 2. Other causes of anemia are ruled out ___Yes ___No Explain _____

 - 3. Thyroid function normal ___Yes ___No Treated (explain) _____

 - 4. Document hemoglobin and hematocrit in Lab section above
 - 5. Hemoglobin <10 g/dL (document hemoglobin and hematocrit above) ___Yes ___No
(Or, Hemoglobin < 11 g/dL, with symptoms _____

 - 6. Hypertension ___No ___Yes Treated (explain) _____

 - 7. Ribavirin dose reduced by 200 mg/d from initial dose
___Yes, Response _____

- OR,
___No: evidence of cirrhosis ___Yes ___No post-liver transplant ___Yes ___No HIV Co-infection ___Yes ___No

Comments _____

Additional Information _____
