

PROCRIT (MEDICARE DETERMINATION)

PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM BlueCross[®] BlueShield[®] of South Carolina

Patient Information	
Name:	Insurance ID #:
Group #:	Birthdate:

Provider Information	
Physician's Name:	Physician DEA #:
Phone:	Fax:
Office Address:	
Diagnosis:	ICD-9 Code:

When this form is completed, please fax to Caremark at 888-836-0730.

This fax machine is located in a HIPAA-compliant, secure location. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of prescription drug programs. Caremark is an independent company that provides pharmacy benefits management.

Call Caremark at 800-294-5979 with any questions concerning prior authorization procedures.

1. Does the patient have a diagnosis of uncontrolled hypertension?
[If the answer to this question is yes, then no further questions are required.] Y N
2. Does the patient have a diagnosis of anemia of chronic disease?
[If the answer to this question is yes, then skip to question 8.] Y N
3. Does the patient have a diagnosis of anemia associated with management of hepatitis C (with ribavirin and interferon alfa, or, ribavirin and peginterferon alfa)?
If the answer to this question is yes, then skip to question 8] Y N
4. Is the anemia of the patient associated with myelodysplastic syndrome?
[If the answer to this question is no, then skip to question 6.] Y N
5. Does the patient now or at the start of therapy have a serum epoetin level less than or equal to 500 U/L?
[If the answer to this question is yes, then may skip to question 8. If the answer is no, then no further questions are required.] Y N

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6. Does the patient have a diagnosis of human immunodeficiency virus (HIV) infection)?
[If the answer to this question is no, then skip to question 9.] Y N
7. Is the patient currently taking a medication regimen with zidovudine less than or equal to 4200 mg/week?
[If the answer to this question is no, then no further questions are required.] Y N
8. Does the patient have pre-treatment hemoglobin level less than 12 g/dL?
[If the answer to this question is yes, then skip to question 25. If the answer is no, then no further questions are required.] Y N
9. Is the patient having elective non-cardiac, non-vascular surgery?
[If the answer to this question is no, then skip to question 13.] Y N
10. Is the patient at high risk for perioperative blood loss?
[If the answer to this question is no, then no further questions are required.] Y N
11. Does the patient have pre-treatment hemoglobin level greater than 10 g/dL but less than or equal to 13 g/dL?
[If the answer to this question is no, then no further questions are required.] Y N
12. Is the use related to autologous blood donation?
[If the answer to this question is no, then skip to question 25. If the answer is yes, then no further questions are required.] Y N
13. Does the patient have a diagnosis of metastatic, non-myeloid malignancies?
[If the answer to this question is no, then skip to question 18.] Y N
14. Is the patient currently receiving myelosuppressive therapy?
[If the answer to this question is no, then no further questions are required.] Y N
15. Is the patient receiving chemotherapy for curative intent?
[If the answer to this question is yes, then no further questions are required.] Y N
16. Does the patient have pre-treatment hemoglobin level less 10 g/dL or 10-11 g/dL with clinical symptoms?
[If the answer to this question is no, then no further questions are required.] Y N
17. Will epoetin alfa be discontinued after the completion of a chemotherapy course?
[If the answer to this question is yes, then skip to question 25. If the answer is no, then no further questions are required.] Y N
18. Does the patient have a diagnosis of chronic renal failure?
[If the answer to this question is no, then no further questions are required.] Y N
19. Is the patient on chronic dialysis therapy?
[If the answer to this question is no, then skip to question 21.] Y N
20. Does the patient have pre-treatment hemoglobin less than 12 g/dL?
[If the answer to this question is yes, then skip to question 22. If the answer is no, then no further questions are required.] Y N
21. Does the patient have pre-treatment hemoglobin less than 10 g/dL?
[If the answer to this question is no, then no further questions are required.] Y N
22. Was the iron status (transferring saturation) of the patient evaluated at baseline and will be monitored throughout the therapy? Y N

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[If the answer to this question is no, then no further questions are required.]

23. Is the transferrin saturation of the patient greater than or equal to 20%?
[If the answer to this question is yes, then skip to question 25.] Y N
24. Will the patient receive iron supplementation?
[If the answer to this question is no, then no further questions are required.] Y N
25. Will the hematology labs (hemoglobin and hematocrit) of the patient be monitored throughout the therapy?
[If the answer to this question is no, then no further questions are required.] Y N
26. Has the patient received epoetin alfa within the previous month?
[If the answer to this question is no, then skip to question 24.] Y N
27. Has the patient completed at least 8 weeks of epoetin alfa therapy?
[If the answer to this question is no, then skip to question 29.] Y N
28. Compared to pretreatment baseline, has the patient shown an objective clinical response (e.g., hemoglobin rise greater than or equal to 1 g/dL and/or hematocrit rise greater than or equal to 3%) to an appropriate dose/close increase and duration of therapy?
[If the answer to question is no, then no further questions are required.] Y N
29. Is the current hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 12 g/dL?
[If the answer to this question is yes, then no further questions are required.] Y N
30. Was the previous hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 12 g/dL?
[If the answer to this question is yes, then no further questions are required.] Y N
31. Will the prescriber be holding close administration until the hemoglobin level is less than 12 g/dL?
[If the answer to this question is yes, then skip to question 37. If the answer is no, then no further questions are required.] Y N
32. Has the hemoglobin of the patient increased more than 1 g/dL in any two week period or 3 g/dL during one month?
[If the answer to this question is no, then skip to question 34.] Y N
33. Will the prescriber be reducing dose to avoid rapid rise in hemoglobin level?
[If the answer to this question is no, then no further questions are required.] Y N
34. Will the blood pressure of the patient be monitored throughout therapy?
[If the answer to this question is no, then no further questions are required.] Y N
35. Will the patient be monitored for the occurrence of cardiac and thrombotic events? Y N

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Comments: _____

Information on this form is accurate as of the date below.

Prescriber's Signature:	Date:
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