



Prescription Drug Coverage Determination Form
Erythropoietic
Epogen®, Procrit® (epoetin alfa)

Please fax the completed form to Mercy Health Plans' Pharmacy Department
at 314-214-8201 or 1-800-466-9854.

Patient Information

Patient Name: _____ Date of Birth: _____
Subscriber ID#: _____
Address _____ City _____ State _____ Zip Code _____

Physician Information

Name: _____ Specialty: _____ Tax ID#: _____
Office Address _____ City _____ State _____ Zip Code _____
Telephone: _____ Fax: _____ Contact Person _____

Physician Signature (REQUIRED): _____ Date _____

Medication Information (requests for non-formulary agents will be considered for members having a documented failure or contraindication to preferred agents.)

Medication name: _____ J-code: _____
Dose: _____ Directions: _____
Expected Duration of Therapy: _____

Prior Authorization Criteria:

- | | |
|--|--|
| 1. Is the medication being requested to treat an FDA-approved indication not otherwise excluded from Part D? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diagnosis: _____ ICD-9 code _____ | |
| 2. Does the patient have anemia associated with chronic renal failure (CRF) including patients on dialysis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes: | |
| ▪ Will the iron status of the patient (transferrin saturation) and hematology labs (hemoglobin and hematocrit) of the patient be evaluated at baseline and during therapy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Is the transferrin saturation <20% and the patient is not receiving iron supplementation where clinically appropriate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Will the hemoglobin level of the patient be monitored when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Is the hemoglobin level of the patient (not a result of a recent blood transfusion) greater than 13 g/dL? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

<ul style="list-style-type: none"> ▪ Does the patient have an initial diagnosis of anemia (hematocrit <30% and/or hemoglobin < 10g/dL and/or symptomatic with hemoglobin 10-11 g/dL)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Does the patient have anemia related to therapy with zidovudine in HIV-infected patients?</p> <p>If yes:</p> <ul style="list-style-type: none"> ▪ Will the iron status of the patient (transferring saturation) and hematology labs (hemoglobin and hematocrit) of the patient be evaluated at baseline and during therapy? ▪ Is the transferrin saturation <20% and the patient is not receiving iron supplementation where clinically appropriate? ▪ Will the hemoglobin level of the patient be monitored when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized? ▪ Is the hemoglobin level of the patient (not a result of a recent blood transfusion) greater than 13 g/dL? ▪ Does the patient have an initial diagnosis of anemia (hematocrit <30% and/or hemoglobin < 10g/dL and/or symptomatic with hemoglobin 10-11 g/dL)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Does the patient have anemia in patients with non-myeloid malignancies?</p> <p>If yes:</p> <ul style="list-style-type: none"> ▪ Will the hemoglobin level of the patient be monitored when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized? ▪ Is the hemoglobin level of the patient (not a result of a recent blood transfusion) greater than 13 g/dL? ▪ Does the patient have an initial diagnosis of anemia (hematocrit <30% and/or hemoglobin < 10g/dL and/or symptomatic with hemoglobin 10-11 g/dL)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Does the patient have anemia associated with myelodysplastic syndromes?</p> <p>If yes:</p> <ul style="list-style-type: none"> ▪ Will the hemoglobin level of the patient be monitored when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized? ▪ Is the hemoglobin level of the patient (not a result of a recent blood transfusion) greater than 13 g/dL? ▪ Does the patient have an initial diagnosis of anemia (hematocrit <30% and/or hemoglobin < 10g/dL and/or symptomatic with hemoglobin 10-11 g/dL)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does the patient have anemia associated with the management (Ribavirin with interferon alfa or peg interferon alfa) of hepatitis C?</p> <p>If yes:</p> <ul style="list-style-type: none"> ▪ Will the iron status of the patient (transferring saturation) and hematology labs (hemoglobin and hematocrit) of the patient be evaluated at baseline and during therapy? ▪ Is the transferrin saturation <20% and the patient is not receiving iron supplementation where clinically appropriate? ▪ Will the hemoglobin level of the patient be monitored when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized? ▪ Is the hemoglobin level of the patient (not a result of a recent blood transfusion) greater than 13 g/dL? ▪ Does the patient have an initial diagnosis of anemia (hematocrit <30% and/or 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

hemoglobin < 10g/dL and/or symptomatic with hemoglobin 10-11 g/dL)?		
7. Did the patient have a reduction of allogenic blood transfusion in surgery patients (elective, non-cardiac, nonvascular)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:		
▪ Will the iron status of the patient (transferring saturation) and hematology labs (hemoglobin and hematocrit) of the patient be evaluated at baseline and during therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is the transferrin saturation <20% and the patient is not receiving iron supplementation where clinically appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Will the hemoglobin level of the patient be monitored when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is the hemoglobin level of the patient (not a result of a recent blood transfusion) greater than 13 g/dL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Does the patient have an initial diagnosis of anemia (hematocrit <30% and/or hemoglobin < 10g/dL and/or symptomatic with hemoglobin 10-11 g/dL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has the patient completed at least 8 weeks of epoetin alfa therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:		
▪ Compared to pretreatment baseline, has the patient shown an objective clinical response (e.g., hemoglobin rise \geq 1 g/dL and/or hematocrit rise \geq 3%) to an appropriate dose/dose increase and duration of therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is the hemoglobin level of the patient (not a result of a recent blood transfusion) greater than 12 g/dL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Has the hemoglobin of the patient increased more than 1 g/dL in any two week period or 3 g/dL during one month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ If yes, has the prescriber physician considered a reduction in epoetin dosage or an interruption in Epoetin therapy (i.e., therapy has or will be stopped and then restarted at a reduced dose if the hemoglobin level increased more than 1.0 g/dL in any two week period or 3 g/dL in any one month period)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Will the hemoglobin level of the patient be monitored when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Will the blood pressure of the patient be monitored throughout therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Will the patient be monitored for the occurrence of thrombotic events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide any additional history or medical information that may support coverage (attach office notes as necessary): _____

Note: If approved coverage will be as specified in above criteria or through the end of the year (December 31, 20xx). Some medications may be subject to quantity limitations or restricted to certain pharmacies.