

Prescriber Criteria Form

Epoetin 2025 PA Fax 81-A v1 010125.docx
 Epogen, Procrit (epoetin alfa), Retacrit (epoetin alfa-epbx)
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Epoetin.

Drug Name (select from list of drugs shown):

Patient Name:

Patient ID:

Patient DOB:

Patient Phone:

Prescriber Name:

Prescriber Address:

City:

State:

Zip:

Prescriber Phone:

Prescriber Fax:

Diagnosis:

ICD Code(s):

Please circle the appropriate answer for each question.

1	Does the patient meet both of the following criteria: A) the drug is requested for reauthorization (i.e., the patient has received erythropoietin therapy in the previous one month), B) the patient has received at least 12 weeks of erythropoietin therapy? [If no, then skip to question 8.]	Yes	No
2	Has the patient responded to erythropoietin therapy? [If no, then no further questions.]	Yes	No
3	Does the patient have a current hemoglobin less than 12 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [If no, then no further questions.]	Yes	No
4	Is the requested drug being prescribed for any of the following diagnoses: A) anemia due to chronic kidney disease where the patient is NOT on dialysis, B) anemia due to zidovudine therapy in a patient with human immunodeficiency virus (HIV) infection, C) anemia in rheumatoid arthritis, D) anemia due to hepatitis C treatment (ribavirin in combination with either interferon alfa or peginterferon alfa), E) anemia in a patient whose religious beliefs forbid blood transfusions? [If yes, then skip to question 18.]	Yes	No

5	Is the requested drug for anemia due to myelodysplastic syndrome (MDS)? [If yes, then no further questions.]	Yes	No
6	Is the requested drug for anemia due to myelosuppressive chemotherapy in a patient with cancer? [If no, then no further questions.]	Yes	No
7	Does the patient meet any of the following: A) the patient is receiving chemotherapy with curative intent, B) the patient has a myeloid cancer? [No further questions.]	Yes	No
8	Is the requested drug for any of the following diagnoses: A) anemia due to chronic kidney disease where the patient is NOT on dialysis, B) anemia due to zidovudine therapy in a patient with human immunodeficiency virus (HIV) infection, C) anemia in rheumatoid arthritis, D) anemia due to hepatitis C treatment (ribavirin in combination with either interferon alfa or peginterferon alfa), E) anemia in a patient whose religious beliefs forbid blood transfusions? [If no, then skip to question 10.]	Yes	No
9	Does the patient have a pretreatment (no erythropoietin treatment in the previous one month) hemoglobin level less than 10 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [If yes, then skip to question 18.] [If no, then no further questions.]	Yes	No
10	Is the patient scheduled to undergo elective, noncardiac, nonvascular surgery and the requested drug is being used to reduce the need for allogeneic red blood cell transfusion? [If no, then skip to question 12.]	Yes	No
11	Does the patient have a pretreatment hemoglobin greater than 10 grams per deciliter but not more than 13 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [If yes, then skip to question 18.] [If no, then no further questions.]	Yes	No
12	Is the requested drug for anemia due to myelosuppressive chemotherapy in a patient with cancer? [If no, then skip to question 15.]	Yes	No
13	Does the patient meet any of the following: A) the patient is receiving chemotherapy with curative intent, B) the patient has a myeloid cancer? [If yes, then no further questions.]	Yes	No
14	Does the patient have a minimum of two additional months of planned chemotherapy? [If yes, then skip to question 17.] [If no, then no further questions.]	Yes	No
15	Is the requested drug for a patient with anemia due to myelodysplastic syndrome (MDS)? [If no, then no further questions.]	Yes	No

16	Does the patient have a pretreatment (no erythropoietin treatment in the previous one month) serum erythropoietin level of 500 international units per liter or less? [If no, then no further questions.]	Yes	No
17	Does the patient have a pretreatment (no erythropoietin treatment in the previous one month) hemoglobin level less than 10 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [No further questions.]	Yes	No
18	Does the patient have adequate iron stores (for example, a transferrin saturation [TSAT] greater than or equal to 20%)?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

Prescriber (or Authorized) Signature: _____ Date: _____
