

Prescriber Criteria Form

Epoetin 2024 PA Fax 81-A v2 010124.docx
 Epogen, Procrit, Retacrit (epoetin alfa, epoetin alfa, 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):

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|----------------------------|------------------------|-------------|
| 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. | | | |
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| 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 |

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| 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 |

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| 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 |

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| 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.

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| Prescriber (or Authorized) Signature: _____ Date: _____ |
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