

**PRIOR AUTHORIZATION REQUEST FORM**

**EOC ID:**

**EIC Procrit Prior Authorization**



**Phone: 866-250-2005 Fax back to: 877-503-7231**

ENVISION RX OPTIONS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

**Patient Name:**

Member Number:

Date of Birth:

Group Number:

Address:

City, State, Zip:

Member Phone:

**Prescriber Name:**

Fax:

Phone:

Office Contact:

NPI:

State Lic ID:

Address:

City, State, Zip:

Drug Name:

Expedited/Urgent

Directions:

**Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign:**

Q1. Is the medication being used for the treatment of anemia associated with chronic renal failure?

Yes No

Q2. If yes, is the patient on dialysis?

Yes No

Q3. Is the medication being used in the treatment of anemia related to zidovudine therapy in HIV?

Yes No

Q4. Is the medication being used in the treatment of anemia associated with chemotherapy?

Yes No

Q5. Is the treatment being used to treat Myelodysplastic Syndrome?

Yes No

Q6. Is the medication being prescribed for the reduction of allogenic blood transfusion because the patient is undergoing surgery?

Yes No

Q7. What is the Hemoglobin value?

less than 10 g/dL

greater than or equal to 10g/dL to less than or equal to 12g/dL

greater than 12g/dL

Q8. What is the Hematocrit?

less than or equal to 33%

greater than 33%

Q9. What are the exact Hemoglobin and Hematocrit values on the lab results provided?

Q10. What date range were the lab values taken that are quoted on this form?

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**Patient Name:**

**Prescriber Name:**

- within the last month
- within the last 3 months
- greater than 3 months ago

Q11. What is the date of the lab values quoted on this form?

**Physician Signature**

**Date**