

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: _____

Prescriber Information

6. Prescriber Name: _____ NPI #: _____
Mailing address: _____ City: _____ State: _____ ZIP: _____
7. Requester Contact Information: _____
Name: _____ Phone #: _____ Fax #: _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
11. Length of Therapy: ___ up to 30 days ___ 60 days ___ 90 days ___ 120 days ___ 180 days

Clinical Information

For Non-preferred Drugs:
___ Failed two preferred drugs. If only one drug is available, then failed one preferred drug.
Please list: _____
___ Allergic Reaction. Please provide reaction: _____
___ Drug-to-Drug interaction. Please list interaction: _____
___ Previous episode of an unacceptable side effect or therapeutic failure: _____
___ Clinical contraindication, co-morbidity, or unique patient circumstance as a contraindication to preferred drugs: _____
___ Age specific indications: _____
___ Unique clinical indication supported by FDA approval or peer reviewed literature: _____
___ Unacceptable clinical risk associated with therapeutic change: _____

1. Is this new therapy? Select "Yes" for new therapy. Select "No" for continued therapy. ___Yes ___No
2. What is the diagnosis or the indication for the product?
___ Anemia associated with renal failure
___ Anemia associated with HIV infection
___ Anemia associated with chemotherapy
___ Anemia associated with myelodysplastic syndromes
___ Drug induced anemia such as with ribavirin or zidovudine
___ Sickle Cell Disease

3. Lab test dated within the last 3 months? Date: _____ Hemoglobin: _____
4. Dosage: _____ 4a. Frequency: _____

Signature of Prescriber: _____ Date: _____

***Prescriber signature mandatory**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.