

Maryland AIDS Drug Assistance Program  
**Epoetin Alpha Prior Authorization**



28860

Request Date  
 [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

**PATIENT INFORMATION**  
 Patient's MADAP ID Number: 9 4 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Patient's Date of Birth: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Patient's Full Name  
 [ ]

**PRESCRIBER INFORMATION**  
 Prescriber's Full Name  
 [ ]

Prescriber Street Address  
 [ ]

City: [ ]  
 State: [ ] [ ] Zip Code: [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

Prescriber Phone: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ]  
 Prescriber Fax: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ]

DEA#  
 [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Instructions** - In order for a MADAP client to receive epoetin alpha, the client's MADAP certification must remain current and certain medical criteria must be met. For an assessment of the medical criteria, the authorized prescriber must complete and submit this form for approval.

Yes  No Is this a request to continue a course of uninterrupted treatment? If **NO** go to Initial Approval section and if **YES** go to the Continued Approval section.

**Initial Approval** - For initial approval of payment for the drug, the physician's statement must indicate that the individual has demonstrated anemia as indicated by a laboratory test showing: a Hemoglobin of less than the equivalent of 11 g/dL AND a serum erythropoietin level less than the equivalent of 500 milliunits per milliliter prior to treatment with the drug epoetin alpha; OR receiving Hep C treatment with peg-interferon and ribavirin.

Lab values must be obtained within 60 days prior to initiation of treatment with epoetin alpha.

- Yes  No Has the patient demonstrated anemia as indicated by a hemoglobin < 11g/dL?  
 Pre-treatment hemoglobin = \_\_\_\_\_ g/dL Date: \_\_\_\_\_
- Yes  No Is/Was the serum erythropoietin less than the equivalent of 500 milliunits/ml prior to treatment with the drug epoetin alpha? Pre-treatment erythropoietin = \_\_\_\_\_ mU/ml Date: \_\_\_\_\_
- Yes  No Is patient receiving Hep C treatment with peg-interferon and ribavirin

**Continued Approval** - Lab results must be submitted at 90-day intervals from the Initial PA Approval or the previous Continued PA Approval. The prescriber must state that the individual: (a) has a hemoglobin of less than 13 g/dL after at least 60 days of treatment with epoetin alpha or in the last 90 days AND (b) has adequate serum iron stores as evidenced by either the transferrin saturation or serum ferritin values.

- Yes  No The above patient has been re-evaluated since last PA for epoetin alpha.
- Yes  No Is the patient's transferrin saturation > 20% or serum ferritin ≥ 100 ng/ml obtained within 60 days of the current renewal date? transferrin saturation = \_\_\_\_\_ % Date: \_\_\_\_\_  
 ferritin = \_\_\_\_\_ ng/ml Date: \_\_\_\_\_
- Yes  No Has the patient had a serum hemoglobin < 13 g/dL determination at least 60 days after epoetin alpha was begun or in the last 90 days? Most recent hemoglobin: \_\_\_\_\_ g/dL Date: \_\_\_\_\_

**Please Note:** The dose may be increased to 60,000U/week if Hb rise is <1g/dL after 4 weeks. If Hb does not increase by at least 1g/dL after an additional 4 weeks, check iron, folate, and B12 levels. If values are adequate then D/C erythropoietin.

Signature of Prescriber \_\_\_\_\_ Date [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

FAX TO: Maryland AIDS Drug Assistance Program

Fax: (866) 440 - 9345

PA HELPDESK: (800)932-3918

Hours: Monday - Friday 8:30 am- 4:30 pm EST

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