

REQUIRED DOCUMENTATION FOR APPROVAL OF MONTHLY ERYTHROPOIETIN (EPOGEN®) DOSES GREATER THAN 50,000 UNITS

Fax to PerformRx Pharmacy Services at 877-693-8280, or to speak to a representative call 800-578-0898. *Form must be completed for processing.*
Urgent fax is 877-693-8476.



Patient Name: _____

Passport ID #: _____

Address: _____

Apt # or Suite #: _____

City: _____ State: _____

Zip Code: _____

Phone #: _____

Birth Date: _____

Physician Name: _____

License #: _____

Address: _____

Apt # or Suite #: _____

City: _____ State: _____

Zip Code: _____

Contact Person: _____ Phone #: _____

Fax #: _____

Physician Signature: _____

Date: _____

The following lab reports and specific requested documentation needs to be provided for authorization for cumulative monthly Erythropoietin doses greater than 50,000 units.

1. Hemoglobin/Hematocrit (Hgb/Hct) and Red Cell indices – require results that are within 30 days of the date of the request and if available, results for the last 3 months in order to determine a rolling average.
2. Serum Iron, Total Iron Binding Capacity (TIBC), Vitamin B12 and Folate levels – require results that are within 60 days of the date of the request.
3. Ferritin and transferrin saturation results - require results that are within 30 days of the date of the request and if available results for the past 3 months.
4. Current Iron supplementation regimen: _____
5. Route of administration for Erythropoietin (circle): IV or SC
6. Current Dry Weight: _____ kg or _____ lbs.
7. Is the member just starting Erythropoietin therapy (circle)? Yes or No
(Initial doses greater than 120 units/kg/week require a medical reason for starting Erythropoietin above the upper initial starting dose as recommended by the NKF-DOQI guidelines)
8. If the member has been receiving Erythropoietin please indicate the current and weekly doses of erythropoietin for the past 2 months:

9. If the member is receiving Erythropoietin via the Intravenous route of administration a required medical reason documenting why the medication cannot be administered via the subcutaneous (SC) route needs to be provided. According to the NKF-DOQI guidelines, the SC route is the preferred route of administration. It should also be noted that when switching a member to the SC route the Erythropoietin dose should be empirically reduced by 30%.
10. Doses greater than 300 units/kg/week require documentation that rules out possible causes for Erythropoietin resistance, as indicated below and a Hematologist consult/recommendation for doses greater than 300 units/kg/week.
11. Recent (within 60 days of submitted request) Vitamin B12 Level: _____, Date: _____, Folate Level: _____, Date: _____ or attach lab results with request

Possible causes for Erythropoietin Resistance

- a. Functional iron deficiency may develop with normal ferritin levels but low transferrin saturation (< 20%), presumably caused by the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Virtually all patients will eventually require supplemental iron therapy.
- b. Underlying infectious, inflammatory or malignant processes.
- c. Occult blood loss.
- d. Underlying hematologic diseases (eg, thalassemia, refractory anemia or other myelodysplastic disorders).
- e. Vitamin deficiencies: Folic acid or vitamin B12.
- f. Hemolysis.