



FLORIDA MEDICAID PRIOR AUTHORIZATION

Erythropoiesis Stimulating Agents

Clinical PA (preferred): Aranesp®/ Epogen®/(Pfizer)Retacrit®

Non-preferred: Mircerna®/Procrit®/(Vifor)Retacrit®

(Maximum Length of Approval = 6 Months)

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber's Phone Number

Grid for Prescriber's Phone Number

Prescriber's Fax Number

Grid for Prescriber's Fax Number

MEDICATION

- Aranesp, Mircerna, Retacrit, Epogen, Procrit checkboxes

STRENGTH:

DIRECTIONS:

Weight: ___ lbs or ___ kgs as of ___ (date) [] INITIATION OF THERAPY -OR- [] CONTINUATION OF THERAPY

MEDICAL HISTORY

Table with 4 columns: Question, Yes/No, If yes, please complete the following, Acute/Chronic/Home/Dialysis Center/Yes/No

Is patient scheduled to undergo elective, noncardiac, or nonvascular surgery and at high risk for perioperative transfusions? [] Yes [] No

Willing to donate blood? [] Yes [] No

NOTE: Official lab reports must be submitted and dated within 2 months of the PA. Form and lab data must be completed in full.

Hemoglobin Level (g/dL): _____

Hematocrit (%): _____

Date of lab: _____

Date of lab: _____

Serum Ferritin ≥ 100 ng/mL: [] Yes [] No

Serum Tranferrin Saturation ≥ 20% : [] Yes [] No

Date of lab: _____

Date of lab: _____

Serum Erythropoietin Level: [] ≤ 200 [] > 200 to 500 Date of lab: _____

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes) and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

Mail or Fax Information to: Magellan Medicaid Administration, Inc. Prior Authorization P. O. Box 7082 Tallahassee, FL 32314-7082 Phone: 877-553-7481 Fax: 877-614-1078

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