

Erythropoietin Stimulating Agents (ESA) Request Form

Fax completed form to 570-214-0221. For questions, please call 800-988-4861, Mon. – Fri. 8 a.m. – 5 p.m.

Instructions: All areas **MUST BE COMPLETED** in order to process the request. This form must be submitted to obtain a prior authorization for an Erythropoietin Stimulating Agent (Epogen, Procrit, Retacrit, or Aranesp). If approved, authorizations will be valid for a time period of up to 12 months. If more doses are needed, repeat prior authorizations are required. Applicable copay or coinsurance will still apply.

Patient information			Prescriber information		
Patient name:			Prescriber name:		
Member ID#:			NPI# (if available):		
Address:			Address:		
City:		State:	City:		State:
Daytime phone:		Zip:	Office phone #:	Office fax #:	Zip:
Sex (circle): M F		DOB:		Contact person:	
Diagnosis:			ICD-10 code:		
Physician signature and date:					

Requested Medication	Dose	Directions
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How will ESA be administered? from provider stock at office visit patient self-administered with Rx dispensed
Where will ESA be administered? home provider's office nursing home/personal care facility
Chemotherapeutic or other relevant drug therapy including doses and most recent dates received:

If diagnosis is anemia of chronic disease, please state the chronic disease: _____

If the diagnosis is end stage renal disease, is the patient receiving dialysis? Yes No N/A
Does the patient have symptomatic anemia? Yes No If yes, describe _____

Is this patient currently on iron therapy? Yes No

Additional information: _____

Required Labs	Result	Date
Hemoglobin	g/dL	
Ferritin	ng/mL	
Transferrin level saturation	%	
Baseline endogenous erythropoietin level (only required for MDS & HIV patients treated with zidovudine)	MU/mL	

Request for Expedited Review
<input type="checkbox"/> REQUEST FOR EXPEDITED REVIEW [24 HOURS] <input checked="" type="checkbox"/> BY CHECKING THIS BOX AND SIGNING ABOVE, I CERTIFY THAT APPLYING FOR THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Note: Possession of a Health Plan insurance card does not guarantee coverage.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.