

SICKLE CELL ANEMIA AGENTS PRIOR AUTHORIZATION FORM (form effective 01/05/2021)

Prior authorization guidelines for Sickle Cell Anemia Agents and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		Total # pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Phone number of office contact:		NPI:	State license #:	
LTC facility contact/phone:		Street address:		
Beneficiary name:		Suite #:	City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Non-preferred drug requested:		Strength:	Formulation (powder, tablet, etc):	
Dose/directions:			Quantity:	Refills:
Diagnosis <i>(submit documentation)</i> :			Dx code <i>(required)</i> :	
Is the medication being prescribed by or in consultation with a hematologist/oncologist or sickle cell disease specialist?			<input type="checkbox"/> Yes <i>Submit documentation of consultation, if applicable</i> <input type="checkbox"/> No	
INITIAL requests				
Does the beneficiary have a history of therapeutic failure of maximum tolerated doses of hydroxyurea for a period of at least 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Submit documentation</i>	
Does the beneficiary have a contraindication or intolerance to hydroxyurea?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Submit documentation</i>	
RENEWAL requests				
Has the beneficiary experienced a positive clinical response to the requested medication?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Submit documentation</i>	

Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date:
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