

Pharmacy Part B vs. Part D determination form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Medicare Part B Medicare Part D
 This request is: Expedited request Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Erythropoietin products (Epogen[®], Procrit[®], Aranesp[®])

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New Request Continuation Request **Start date** (or date of next dose): _____
Date of last dose (if applicable): _____
Dosing frequency: _____
 Drug product: Epogen
 Procrit
 Aranesp

Coverage determination criteria

This drug requires prior authorization and may be covered differently under Medicare Part B (medical benefit) or D (prescription drug benefit) depending on the patient's circumstances. To determine which benefit the drug is covered under, Priority Health Medicare needs to know the use and setting of the drug.

1. What is the patient's diagnosis?

- Allogenic blood product transfusion
- Anemia, caused by:
 - chemotherapy
 - during the puerperium
 - myelodysplastic syndrome
 - radiation
 - rheumatoid arthritis
 - chronic renal failure
 - Hepatitis C: *Will the patient be treated with ribavirin and (peg)interferon alfa?*
 Yes No
- congestive heart failure
- prematurity
- zidovudine
- myelofibrosis
- multiple myeloma
- Beta Thalassemia
- Blood unit collection for autotransfusion
- Other – the patient's condition is: _____

2. Is the patient receiving dialysis? Yes No

Additional information

Erythropoietin (EPO) is covered under Medicare Part B for the treatment of anemia in patients with chronic renal failure who are on dialysis. When this drug is not covered under Medicare Part B, it is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- -- *or* – supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)