

Hematopoietic Agents: Procrit, Epogen, Aranesp, Mircera, Retacrit

Member Information

1. Last Name: _____ 2. First Name: _____
3. Trillium ID #: _____ 4. Date of Birth: _____ 5. Gender: _____

Prescriber Information

1. Prescriber Name: _____ 2. NPI #: _____
3. Requestor Name (Nurse/Office Staff): _____
4. Mailing Address: _____ City: _____ State: _____ Zip: _____
5. Phone #: _____ Ext. _____ Fax #: _____

Drug Information

1. Drug Name: _____ 2. Strength: _____ 3. Quantity per 30 Days: _____
4. Length of Therapy (in Days): ☐ up to 30 Days ☐ 60 Days ☐ 90 Days ☐ 120 Days ☐ 180 Days

Clinical Information

For Non-preferred Drugs:

- ☐ Failed two preferred drugs. If only one drug is available, then failed one preferred drug.
Please List: _____
- ☐ Allergic Reaction: Please provide reaction - _____
- ☐ Drug-to-Drug interaction: Please list interaction - _____
- ☐ Previous episode of an unacceptable side effect or therapeutic failure: _____
- ☐ Clinical contraindication, co-morbidity, or unique patient circumstance as a contraindication to preferred Drugs: _____
- ☐ Age specific indications: _____
- ☐ Unique clinical indication supported by FDA approval or peer reviewed literature: _____
- ☐ Unacceptable clinical risk associated with therapeutic change: _____
1. Is this new therapy? Select "Yes" for new therapy. Select "No" for continued therapy. ☐ Yes ☐ No
2. What is the diagnosis or the indication for the product?
- ☐ Anemia associated with renal failure
- ☐ Anemia associated with HIV infection
- ☐ Anemia associated with chemotherapy
- ☐ Anemia associated with myelodysplastic syndromes
- ☐ Drug induced anemia such as with ribavirin or zidovudine
- ☐ Sickle Cell Disease
3. Lab Test Date Within the Last 3 Months? Date: _____ Hemoglobin: _____
- a. Dosage: _____ b. Frequency: _____

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.