

Prescriber Criteria Form

Epoetin 2026 PA Fax 81-A v2 010126.docx  
Epogen, Procrit (epoetin alfa), Retacrit (epoetin alfa-epbx)  
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Epoetin.

Drug Name (select from list of drugs shown):

**Patient Name:**

**Patient ID:**

**Patient DOB:**

**Patient Phone:**

**Prescriber Name:**

**Prescriber Address:**

**City:**

**State:**

**Zip:**

**Prescriber Phone:**

**Prescriber Fax:**

**Diagnosis:**

**ICD Code(s):**

**Please circle the appropriate answer for each question.**

1	Does the patient meet both of the following criteria: A) the drug is requested for reauthorization (i.e., the patient has received erythropoietin therapy in the previous one month), B) the patient has received at least 12 weeks of erythropoietin therapy? [If no, then skip to question 10.]	Yes	No
2	Has the patient responded to erythropoietin therapy? [If no, then no further questions.]	Yes	No
3	Does the patient have a current hemoglobin less than 12 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [If no, then no further questions.]	Yes	No
4	Is the requested drug being prescribed for any of the following diagnoses: A) anemia due to chronic kidney disease where the patient is NOT on dialysis, B) anemia due to zidovudine therapy in a patient with human immunodeficiency virus (HIV) infection? [If no, then skip to question 6.]	Yes	No
5	Does the patient have adequate iron stores (for example, a transferrin saturation [TSAT] greater than or equal to 20 percent)? [No further questions.]	Yes	No

6	Is the requested drug being prescribed for anemia in a patient who will not/cannot receive blood transfusions (e.g., religious beliefs)? [If yes, then skip to question 23.]	Yes	No
7	Is the requested drug for anemia due to myelodysplastic syndrome (MDS)? [If yes, then no further questions.]	Yes	No
8	Is the requested drug for anemia due to myelosuppressive chemotherapy in a patient with cancer? [If no, then no further questions.]	Yes	No
9	Does the patient meet any of the following: A) the patient is receiving chemotherapy with curative intent, B) the patient has a myeloid cancer? [No further questions.]	Yes	No
10	Is the requested drug for any of the following diagnoses: A) anemia due to chronic kidney disease where the patient is NOT on dialysis, B) anemia due to zidovudine therapy in a patient with human immunodeficiency virus (HIV) infection? [If no, then skip to question 13.]	Yes	No
11	Does the patient have a pretreatment (no erythropoietin treatment in the previous one month) hemoglobin level less than 10 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [If no, then no further questions.]	Yes	No
12	Does the patient have adequate iron stores (for example, a transferrin saturation [TSAT] greater than or equal to 20 percent)? [No further questions.]	Yes	No
13	Is the requested drug being prescribed for anemia in a patient who will not/cannot receive blood transfusions (e.g., religious beliefs)? [If no, then skip to question 15.]	Yes	No
14	Does the patient have a pretreatment (no erythropoietin treatment in the previous one month) hemoglobin level less than 10 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [If yes, then skip to question 23.] [If no, then no further questions.]	Yes	No
15	Is the patient scheduled to undergo elective, noncardiac, nonvascular surgery and the requested drug is being used to reduce the need for allogeneic red blood cell transfusion? [If no, then skip to question 17.]	Yes	No
16	Does the patient have a pretreatment hemoglobin greater than 10 grams per deciliter but not more than 13 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [If yes, then skip to question 23.] [If no, then no further questions.]	Yes	No

17	Is the requested drug for anemia due to myelosuppressive chemotherapy in a patient with cancer? [If no, then skip to question 20.]	Yes	No
18	Does the patient meet any of the following: A) the patient is receiving chemotherapy with curative intent, B) the patient has a myeloid cancer? [If yes, then no further questions.]	Yes	No
19	Does the patient have a minimum of two additional months of planned chemotherapy? [If yes, then skip to question 22.] [If no, then no further questions.]	Yes	No
20	Is the requested drug for a patient with anemia due to myelodysplastic syndrome (MDS)? [If no, then no further questions.]	Yes	No
21	Does the patient have a pretreatment (no erythropoietin treatment in the previous one month) serum erythropoietin level of 500 international units per liter or less? [If no, then no further questions.]	Yes	No
22	Does the patient have a pretreatment (no erythropoietin treatment in the previous one month) hemoglobin level less than 10 grams per deciliter? (Exclude hemoglobin values due to a recent transfusion.) [No further questions.]	Yes	No
23	Does the patient have adequate iron stores (for example, a transferrin saturation [TSAT] greater than or equal to 20 percent)?	Yes	No

Comments:	
-----------	--

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_