

## 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.