





Fax Completed Form To 1.833.404.2392

Prescriber Help Desk 1.833.587.2012

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prior-authorization-forms/

Request for Prior Authorization ERYTHROPOIESIS STIMULATING AGENTS

(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid Member ID # Patient name	DOB
Patient address	
Provider NPI Prescriber name	Phone
Prescriber address	Fax
Pharmacy name Address	Phone
Prescriber must complete all information above. It must be legible, correct, and complete or for	rm will be returned.
Pharmacy NPI Pharmacy fax NDC	
Prior authorization (PA) is required for erythropoiesis stimulating agents prescribed for outpatie of anemia. Payment for non-preferred erythropoiesis stimulating agents will be authorized only there is documentation of previous trial(s) and therapy failure with a preferred agent(s).	
Preferred Mon-Preferred ☐ Epogen ☐ Mircera ☐ Aranesp ☐ Pr	ocrit Retacrit
Strength Dosage Instructions Quar	ntity Days Supply
Diagnosis:	
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Hemoglobin:% Lab Test Date:(Lab Test must be within 4 weeks	s of the PA request date)
Hemoglobin:% Lab Test Date:(Lab Test must be within 4 weeks Transferrin Saturation:Ferritin:Lab Test Date:(Lab Test Date:	
Hemoglobin:% Lab Test Date:(Lab Test must be within 4 weeks Transferrin Saturation:Ferritin:Lab Test Date:(Lab Test Date:(Lab Test Date:	
Hemoglobin:% Lab Test Date:(Lab Test must be within 4 weeks Transferrin Saturation:Ferritin:Lab Test Date:(Lab Test Date:(Lab Test Date:	Test must be within 3
Hemoglobin:	Test must be within 3 the current treatment?
Hemoglobin:	the current treatment?

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.