

REQUEST FOR EPOGEN, PROCRIT

NAME _____ BIRTHDAY _____

BCBST ID NUMBER: _____ GROUP NUMBER: _____

DRUG REQUESTED _____ DATE OF SERVICE: _____

PROVIDER NAME: _____ BCBST NUMBER _____ (IF KNOWN)

PROVIDER ADDRESS: _____

PROVIDER PHONE NUMBER: _____

FACILITY NAME: _____ BCBST NUMBER _____ (IF KNOWN)

FACILITY ADDRESS: _____

FACILITY PHONE NUMBER: _____

DIAGNOSIS _____ ICD 9 _____

ALL LABS NOT BLACKENED ARE NEEDED FOR CORRESPONDING DIAGNOSIS

DIAGNOSIS	DATE DRAWN	INITIAL HGB/ HCT	CURRENT HGB/HCT	TRANSFERRIN SATURATION	FERRITIN	ERYTHRO-POIETIN
CHRONIC RENAL FAILURE WITH OR WITHOUT DIALYSIS	*****INITIAL THERAPY FOR CHRONIC RENAL FAILURE*****					
	*****CONTINUATION THERAPY FOR CHRONIC RENAL FAILURE*****					
NON-MYELOID MALIGNANCIES						
MYODYS-PLASTIC SYNDROME						
ELECTIVE PROCEDURES-NON-CARDIAC, NONVASCULAR SURGERY						
ZIDOVUDINE THERAPY (AZT) FOR HIV						
HEPATITIS C VIRUS INFECTION						
CHRONIC DISEASE						

PLEASE ANSWER THE QUESTIONS ON THE NEXT PAGE FOR THE CORRESPONDING DIAGNOSIS

CHRONIC RENAL FAILURE – INITIAL THERAPY

1. HAS ANEMIA RELATED TO OTHER FOLATE DEFICIENCIES, HEMOLYSIS, OR GASTROINTESTINAL BLEEDING BEEN RULED OUT? YES NO
2. DOES PT HAVE ADVERSE SYMPTOMS, I.E. SEVERE ANGINA, SEVERE PULMONARY DISTRESS, SEVERE HYPOTENSION ? YES (Sx) _____ NO

NON-MYELOID MALIGNANCIES

1. IS THE ANEMIA DUE TO THE EFFECT OF CONCOMITANTLY ADMINISTERED CHEMOTHERAPY ? YES NO
2. HAS ANEMIA RELATED TO OTHER FOLATE DEFICIENCIES, HEMOLYSIS, OR GASTROINTESTINAL BLEEDING BEEN RULED OUT? YES NO

MYODYSPLASTIC SYNDROME

1. DO THE MYOBLASTS IN THE BONE MARROW MEASURE LESS THAN 5 % WITH NO EVIDENCE OF AN INCREASE IN MYOBLAST (E.G. REFRACTORY ANEMIA [RA], REFRACTORY ANEMIA WITH RINGED SIDEROBLAST [RARS])? YES NO
2. HAS ANEMIA RELATED TO OTHER FOLATE DEFICIENCIES, HEMOLYSIS, OR GASTROINTESTINAL BLEEDING BEEN RULED OUT? YES NO

ELECTIVE NON-CARDIAC, NONVASCULAR SURGERY TO REDUCE THE NEED FOR ALLOGENEIC BLOOD TRANSFUSIONS

1. IS THE RISK FOR PERIOPERATIVE TRANSFUSIONS HIGH AND THE ANTICIPATED BLOOD LOSS SIGNIFICANT? YES NO
2. IS INDIVIDUAL WILLING TO DONATE AUTOLOGOUS BLOOD? YES NO

ZIDOVUDINE THERAPY (AZT) WITH HIV

1. HAS ANEMIA RELATED TO OTHER FOLATE DEFICIENCIES, HEMOLYSIS, OR GASTROINTESTINAL BLEEDING BEEN RULED OUT? YES NO
2. IS THE DOSE OF ZIDOVUDINE (AZT) LESS THAN OR EQUAL TO 4200 MG/WK? YES NO

HEPATITIS C VIRUS INFECTION

1. IS THE INDIVIDUAL BEING TREATED WITH A COMBINATION OF RIBAVIRIN AND INTERFERON ALFA OR RIBAVIRIN AND PEGINTERFERON ALFA? YES NO
2. HAS ANEMIA RELATED TO OTHER FOLATE DEFICIENCIES, HEMOLYSIS, OR GASTROINTESTINAL BLEEDING BEEN RULED OUT? YES NO

CHRONIC DISEASE

1. HAS ANEMIA RELATED TO OTHER FOLATE DEFICIENCIES, HEMOLYSIS, OR GASTROINTESTINAL BLEEDING BEEN RULED OUT? YES NO