

PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Medicare Part D Ferriprox (deferiprone)

Phone: 800-728-7947 Fax back to: 866-880-4532

Scott & White Health Plan Pharmacy Dept. manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	Prescriber Name:
Member/Subscriber Number:	Supervising Physician:
Date of Birth:	Fax: Phone:
Group Number:	Office Contact:
Address:	NPI: State Lic ID:
City, State ZIP:	Address:
Primary Phone:	City, State ZIP:
	Specialty/facility name (if applicable):

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. What diagnosis is this drug being prescribed for? <input type="checkbox"/> Transfusional iron overload <input type="checkbox"/> Other
Q2. Please indicate diagnosis and ICD code(s).
Q3. Is prescribing physician a hematologist or oncologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q4. For treatment of transfusional iron overload, is condition due to thalassemia syndromes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q5. Is there documentation in the medical record of ANC greater than 1.5×10^{10} (10 to the 9th power)/L? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q6. Has patient experienced a therapeutic failure on Exjade?

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Patient Name:	Prescriber Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes (please explain)	<input type="checkbox"/> No
Q7. If patient has not experienced a therapeutic failure on Exjade, does patient have an intolerance or contraindication to Exjade?	
Q8. Additional Comments	

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

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