reliance|rx℠
15 Earhart Drive, Suite 101, Amherst, NY 14221

# ARANESP AUTHORIZATION AND RE-AUTHORIZATION

**TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360**

| | |
|---|---|
| Last Name First Name | Today's Date |
| Date of Birth: Sex: Weight: | Prescriber Hospital/Clinic |
| Home Phone Number Work Phone Number | Phone Number Fax Number |
| Home Address City State Zip | Address City State Zip |
| Payor:<br>☐ Independent Health<br>☐ Anne Arundel Health System<br>☐ Pharmacy Benefit Dimensions<br>☐ Commercial ☐ Medicare<br>☐ Medicaid ☐ Self-funded<br>Insurance ID: Group Number: | Notes:<br>Allergies: |

## STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: _____

ICD10 Code: _____

Prior Treatments: _____

GFR: _____ On Date: _____

Anticipated duration of myelosupressive chemotherapy treatment, if applicable:

_____

Hemoglobin: _____ Date of Test: _____

HCT: _____ Date of Test: _____

Blood Pressure SBP: _____ DBP: _____

Ferritin Level: _____ Date of Test: _____

Transferrin Saturation: _____ Date of Test: _____

## DRUG NAME: ARANESP

☐ New Authorization ☐ Re-Authorization**

Dose: _____

Frequency: _____

Expected duration of therapy: _____

For Re-Authorization:

Hemoglobin: _____ Date of Test: _____

HCT: _____ Date of Test: _____

Ferritin Level: _____ Date of Test: _____

Transferrin Saturation: _____ Date of Test: _____