



**New Hampshire AIDS Drug Assistance Program
Prior Authorization Drug Approval Form**

Hematopoietic Agent

DATE OF MEDICATION REQUEST: / /

SECTION I: PATIENT INFORMATION AND MEDICATION REQUESTED

LAST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MEDICAID ID NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH:

				-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--

GENDER: Male Female

Drug Name:

Strength:

Dosing Directions:

Length of Therapy:

SECTION II: PRESCRIBER INFORMATION

LAST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPECIALTY:

NPI NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PHONE NUMBER:

				-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--

FAX NUMBER:

				-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--

SECTION III: CLINICAL HISTORY

1. For what condition is this medication being prescribed? **Select all that apply:**

- | | |
|---|---|
| <input type="checkbox"/> Anemia associated with chronic kidney disease | <input type="checkbox"/> Anemia associated with prior chemotherapy |
| <input type="checkbox"/> Anemia associated with cancer chemotherapy | <input type="checkbox"/> Anemia in myelodysplastic syndromes (MDS) |
| <input type="checkbox"/> Anemia in HIV-infected patient treated with AZT | <input type="checkbox"/> Anemia in lymphoproliferative disorder |
| <input type="checkbox"/> Patient with Hepatitis C on ribavirin | <input type="checkbox"/> Anemia associated with prior radiation therapy |
| <input type="checkbox"/> Anemia associated with current radiation therapy | <input type="checkbox"/> Reduction of allogeneic blood transfusions in surgery patients |
| <input type="checkbox"/> Anemia associated with malignancy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Patient is on dialysis or is pre-dialysis | |

Form continued on the next page.

