

RYAN WHITE PROGRAM
Prior Authorization Form for Procrit® or Epogen® (both Epoetin Alpha)

Recipient's Full Name: _____ Date of Birth: _____ / _____ / _____
 Prescriber Full Name: _____ Prescriber License #: (ME,OS,RN) _____
 Prescriber Telephone #: _____ Prescriber Fax #: _____
 Drug Strength: _____

Please check below the diagnosis or indication for this product:

- Anemia associated with HIV
- Anemia associated with renal failure if patient is not on dialysis
- Anemia associated with chemotherapy
- Other _____

Select one of the following:

New Therapy **OR** Continuation of Therapy

Does the patient have active gastrointestinal bleeding? YES **OR** NO

Lab Test Date: _____ Hematocrit: _____ % Hemoglobin: _____ g/dl

Indicate dosage and frequency of dosing: _____

Prescriber's Signature: _____

Please attach a copy of the original prescription and lab results dated within the last two (2) months.

Fax information to:

<u>Ryan White Program-funded Pharmacy</u>	<u>Phone Number</u>	<u>Fax Number</u>
AIDS Healthcare Foundation (NW 170 th St.)	(305) 758-1984	(305) 758-8714
AIDS Healthcare Foundation (Biscayne Blvd.)	(305) 764-3780	(305) 764-3784
Citrus Health Network	(305) 825-0300, Ext. 2770	(305) 556-2580
Community Health of South Florida (Doris Ison)	(305) 253-5100	(305) 254-7795
Community Health of South Florida (MLKJCC)	(305) 248-4334	(305) 246-1016
Miami Beach Community Health Ctr (Alton Rd.)	(305) 538-8835, Ext. 1128	(305) 795-2156
Miami Beach Community Health Ct. (Bev. Press)	(305) 538-8835, Ext. 2242, 265, and 266	(305) 867-4312
PHT/South Florida AIDS Network	(305) 585-5890	(305) 585-0088

FOR RYAN WHITE PROGRAM USE ONLY			
Date: _____	Notified: _____		
Approved: _____	Start Date: _____	Expiration Date: _____	
Denied: _____	Reason: _____		

Please note: All questions should be addressed to Ms. Theresa Fiaño, Assistant Director, Office of Grants Coordination, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.).

Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.