



TEXAS MEDICAID

Clinical Edit Prior Authorization

darbepoetin alfa (ARANESP)

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

STEP 2: CLINICAL PRIOR AUTHORIZATION CRITERIA

Indicate Primary Diagnosis: _____ ICD 10 Code: _____

1. Does the client have a diagnosis of chronic kidney disease in the last 730 days?

Yes (Go to #5)
 No (Go to #2)

2. Does the client have a diagnosis of cancer in the last 730 days?

Yes (Go to #3)
 No (Deny)

3. Does the client have a history of an antineoplastic agent in the last 30 days?

Examples of antineoplastic agents include ALKERAN, anastrozole (ARIMIDEX), azacitidine, bicalutamide (CASODEX), BICNU, BOSULIF, capecitabine (XELODA), CAPRELSA, COMETRIQ, COSMEGEN, cyclophosphamide, CYTARABINE, DROXIA, EFUDEX, EMCYT, ERIVEDGE, etoposide, exemestane (AROMASIN), FARESTON, FARYDAK, flutamide, GLEEVEC, GLEOSTINE, HEXALEN, HYCANTIN, hydroxyurea, IBRANCE, ICLUSIG, IMBRUVICA, INLYTA, IRESSA, JAKAFI, LENVIMA, letrozole (FEMARA), LEUKERAN, LYSODREN, MATULANE, megestrol acetate (MEGACE), MEKINIST, mercaptopurine (PURIXAN), methotrexate (RHEUMATREX, TREXALL), mitomycin, mitoxantrone, MYLERAN, NEXAVAR, NILANDRON, OFEV, ONCASPAR, SPRYCEL, STIVARGA, SUTENT, SYNRIBO, TABLOID, tamoxifen (SOLTAMOX), TARCEVA, TARGRETIN, TASIGNA, temozolomide (TEMODAR), TYKERB, vinblastine, VOTRIENT, XALKORI, XTANDI, ZELBORAF, ZOLINZA, ZYDELIG, ZYKADIA, and ZYTIGA.

Yes (Go to #5)
 No (Go to #4)



4. Does the client have a history of chemotherapy in the last 30 days? <input type="checkbox"/> Yes (Go to #5) <input type="checkbox"/> No (Deny)
5. Does the client have a history of an erythropoiesis-stimulating agent (ESA) in the last 90 days? Examples include ARANESP, EPOGEN, PROCRIPT and RETACRIT. <input type="checkbox"/> Yes (Go to #6) <input type="checkbox"/> No (Approve - 365 days)
6. Does the client have a history of a complete blood count (CBC) in the last 90 days? <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No (Deny)
7. Does the client have a history of ferritin and iron binding capacity (IBC) tests in the last 180 days? <input type="checkbox"/> Yes (Approve - 365 days) <input type="checkbox"/> No (Deny)
STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553
Prescriber Signature: _____ Date: _____

If criteria not met, submit chart documentation with form citing complex medical circumstances.
For questions, please call Navitus Customer Care at 1-877-908-6023.