



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

Complete form in its entirety and fax to 1-855-964-0556, Attn. PA pharmacist.

PART B DRUG PRIOR AUTHORIZATION REQUEST FORM

Contact Blue Advantage Medical Management at 1-866-508-7145 if you have questions.

Feraheme/Injectafer

Request Type:

- Standard Review (72 hours)
- Expedited Review (24 hours) – By checking this box I certify that applying the 72-hour standard review timeframe might seriously jeopardize the life or health of the member or the member’s ability to regain maximum function.

NOTE: Please complete all fields in the form. Missing information and lack of prompt response to requests for additional information may delay response time. Please attach relevant supporting documentation such as labs, results of diagnostic tests and office visit notes to this request.

PATIENT INFORMATION

Patient Name	DOB
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Street Address, City, State, ZIP

Blue Advantage Member ID#	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Weight	Height	BMI
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Drug Allergies

PRESCRIBER INFORMATION

Prescriber Name	Office Contact Person and Direct Extension
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Street Address, City, State, ZIP

Office Phone	Office Fax
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DRUG DISPENSING AND ADMINISTRATION INFORMATION

Who is furnishing the drug? <input type="checkbox"/> Physician’s office or facility will furnish drug <input type="checkbox"/> Member picking up drug at a pharmacy IMPORTANT NOTE: If member is picking up drug at pharmacy, this request must be faxed to the Part D drug prior authorization department at 1-877-251-5896.	Facility Where Drug is to be Administered <input type="checkbox"/> Physician’s Office <input type="checkbox"/> Outpatient Infusion Center Center Name: _____ <input type="checkbox"/> Home Infusion Agency Name: _____
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Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

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18NW2788 11/19

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

MEDICATION		
<input type="checkbox"/> Feraheme <input type="checkbox"/> Injectafer Dose, route, frequency: _____		
<input type="checkbox"/> New start <input type="checkbox"/> Continued treatment		Next treatment date:
DIAGNOSIS (list below) PLEASE DOCUMENT ICD-10 HERE:		
Does the patient have a diagnosis of iron deficiency anemia? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please provide the diagnosis:		
MEDICAL INFORMATION		
Hemoglobin and/or hematocrit	Result	Date
Iron saturation (transferrin saturation)	Result	Date
Ferritin	Result	Date
Did the patient have an intolerance to or unsatisfactory response to oral iron therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date oral iron was tried:		
Does the patient have a diagnosis of chronic kidney disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient dialysis dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Feel free to provide additional information you feel is relevant to the request below: 		
Prescriber Signature		Date

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