

TO: Epo Providers
FROM: Medical Management
SUBJECT: PA for Procrit, Aranesp
DATE: 12/22/2011



315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
800-735-2900 (TTY/TDD)
www.careoregon.org

Beginning January 1, 2012, CareOregon will require prior authorization for Procrit (J0885) and Aranesp (J0881) when billed and administered by a provider for non-end stage renal disease uses.

Members who are on dialysis and are given Procrit or Aranesp will not be affected by this policy change.

To request a prior authorization, please use the Injectable Authorization Form found on our website at:

http://www.careoregon.org/Res/Documents/Providers/InjectablePA_RequestForm_3-17-11.pdf

Patients currently receiving Procrit or Aranesp will be allowed to continue without a PA until 2/1/12. After this time, a PA will be needed to continue treatment.

Please note that prior authorizations are also required for members who receive Procrit or Aranesp from a pharmacy.

If you have any questions about this change, please call 503-416-4100 or 800-224-4840, and choose the pharmacy option to speak with one of the pharmacy staff.

Thank You.