



Anadrol-50
(Oxymetholone)
Prior Authorization Form

Express Scripts
Phone 800-417-8164
Fax 877-837-5922

Last Name		First Name		Prescriber's Name		Specialty	
Home Phone		Work Phone		Office Phone		Office Fax	
Home Address		City	State	ZIP	Address		City State ZIP
SCAN ID number		Date of Birth		Est. Start Date		Office Contact	
For Specialty Medications Only: Shipping Address (if different from home address) <input type="checkbox"/> Physician <input type="checkbox"/> Home				Special Instructions (i.e. Non-English Speaking Patient, etc.)			

Medication:		Diagnosis:	
Sig:	Qty:	Refills:	ICD 9 Code:

Secondary/ Supplemental Insurance Company	Phone	Name of Insured	ID Number	Group Number
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- 1. Is the diagnosis or indication for the treatment of anemia caused by deficient red cell production?
If no, continue to# 3**
- 2. Is the diagnosis or indication for the treatment of one of the following: acquired/congenital aplastic anemia, myelofibrosis, hypoplastic anemia?**
- 3. Does the patient have one of the following: iron, folic acid, vitamin B12, or pyridoxine deficiency?**
- 4. Has patient's iron, folic acid, vitamin B12, or pyridoxine deficiency being corrected prior to the initiation of treatment with Anadrol-50?**
- 5. Does the patient have a history of prostate or breast cancer?**
- 6. Does the patient have a history of severe hepatic dysfunction or liver cell tumors?**
- 7. Does the patient have a diagnosis of CAD or hyperlipidemia?**
- 8. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?**

Physician's Signature: _____ NPI/DEA #: _____ Date: _____

<u>For Internal Use Only</u>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reviewer's Initials _____	Decision Date _____
Comments _____	

Notice: **Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.