



**Elitek**  
(rasburicase)  
**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	
<b>For Specialty Medications Only:</b> 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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<p><b>1. Is the diagnosis or indication for the treatment of one of the following:</b></p> <ul style="list-style-type: none"> <li>a. The initial management of plasma uric acid levels in pediatric patients with leukemia, lymphoma, and solid tumor malignancies who are receiving anti-cancer therapy expected to result in tumor lysis and subsequent elevation of plasma uric acid.</li> <li>b. Prevention and reduction of chemotherapy-induced tumor lysis syndrome and elevated plasma uric acid concentrations in adults with leukemia, lymphoma, or solid tumors.</li> </ul>
<p><b>2. Is the prescription recommended or initially written by an Oncologist or Hematologist?</b></p>
<p><b>3. Does the patient have glucose-6-phosphate dehydrogenase (G6PD) deficiency?</b></p>
<p><b>4. Is the medication supplied by Retail, Home Infusion, Long Term Care or other pharmacies?</b></p>
<p><b>5. Is the medication supplied and administered by a Physician's office?</b></p>
<p><b>6. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</b></p>

Physician's Signature: \_\_\_\_\_ NPI/DEA #: \_\_\_\_\_ Date: \_\_\_\_\_

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