

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**PROCRIT** (epoetin alfa)

Patient name: \_\_\_\_\_ Medicaid or SS# \_\_\_\_\_

Physician Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Phone#: \_\_\_\_\_ Ext and opt \_\_\_\_\_ Fax# \_\_\_\_\_

Pharmacy \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF  
MEDICAL NECESSITY TO (801) 536-0477**

**CRITERIA:**

- ▶ Diagnosis of anemia associated with renal failure.
- ▶ Diagnosis of anemia associated with chemotherapy.
- ▶ Diagnosis of anemia associated with HIV infection.
- ▶ Blood transfusions, alleogenic and anemic surgery patients (**approve 1 time only**).
- ▶ Reduction of alleogenic transfusions in anemic surgery patients scheduled to undergo elective nonvascular noncardiac surgery. Procrit is indicated for patients at high risk for perioperative transfusions with significant, anticipated blood loss. (**approve 1 time only**).
- ▶ Patient is not on dialysis
- ▶ No GI bleeding
- ▶ Prescribing authority limited to hematologist, oncologist, nephrologist and infectious disease specialists or based upon a consult with one of these specialists.
- ▶ **Submit Lab work with your request:**
  - ▶ Hematocrit <33% supported by lab work done within the past 3 months.(**FAX COPY OF LAB WORK**)
  - ▶ Hemoglobin <11% supported by lab work done within the past 3 months.(**FAX COPY OF LAB WORK**)

**Authorization:**

6 months

**Re-authorization:**

No GI bleeding, not on dialysis. Hematocrit <39%, Hemoglobin 11-13, supported by lab data done within the past 3 months.