



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form**PROCRIT (Epoetin alfa)****Coverage Criteria / Required Medical Information**

Chronic Renal Failure (CRF); Hepatitis C; elective surgery; HIV/zidovudine therapy; anemia of cancer
 Hemoglobin level of the patient must be monitored prior to each dose when initiating therapy, for dosage changes and at regular intervals once dose is stabilized. Additionally, for HIV/zidovudine therapy, iron status of the patient must be evaluated (serum transferrin saturation).

Exclusion Criteria

Lack of initial diagnosis of anemia (hematocrit less than 30% **and/or** hemoglobin less than 10 g/dL **and/or** symptomatic with hemoglobin of 10-11g/dL). For CRF, Hepatitis C, elective surgery or HIV/zidovudine - transferrin saturation less than 20% **and** patient not receiving iron supplementation where clinically appropriate. For CRF, Hepatitis C, elective surgery, HIV/zidovudine, MDS or anemia in patients with non-myeloid malignancies - hemoglobin level of the patient greater than 13 g/dL (not the result of a recent blood transfusion).

Patient Information

Name				
Enrollment/Card-holder ID Number				
Group/Plan		Male		Female
Date of Birth		Age		Weight in Kg
Street Address				
City		State		Zip

Physicians Information

Name				
Agent		Contact Name		
Specialty/Office				
Clinic Name				
Street Address				
City		State		Zip
Phone		Fax		

Requested Drug

PROCRIT	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage
Please List Alternative Formulary Drugs	

Comments	
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Physicians Signature: _____

Fax Form to 1-877-847-9904