Alabama Drug Assistance Program
Procrit Pre-Approval Form

(PROCRIT/epoetin alfa) is available for ADAP Enrollees who meet the following medical criteria:

<table>
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<tr>
<th>ADAP ID Number</th>
<th>Client Name</th>
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**MEDICAL INDICATIONS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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- History of symptoms referable to anemia
- History of transfusions to treat anemia
- Hbg <10g/dl

Most recent Hbg value: __________ g/dl
Date of lab work: ______________

- Work-up of other causes of anemia (e.g. iron or folate deficiency, hemolysis, etc)

- Endogenous serum erythropoietin (EPO) level ≤500mUnits/mL

Most recent serum EPO level: __________ mUnits/mL
Date of lab work: ______________________

- Dose of zidovudine (Retrovir) ≤4200 mg/week

Current dose: _______________ mg/week

List other symptoms or indications:

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<tr>
<th>Physician’s Name (please print)</th>
<th>Physician’s Signature</th>
<th>Date</th>
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FAX THIS FORM ALONG WITH THE MEDICATION ORDER TO THE ADAP ELIGIBILITY DETERMINATION OFFICE – ATTENTION ELIGIBILITY SPECIALIST. FAX # 1-334-206-6221

NOTE: The ADAP Pharmacy is NOT authorized to fill Procrit without pre-authorization from the ADAP central office.

Please contact the ADAP Coordinator – Rosalyn Wilks RN at 334-206-2606 if you should have questions regarding the Procrit pre-approval process.