

**Alabama Drug Assistance Program  
Procrit Pre-Approval Form**

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

ADAP ID Number	Client Name	
MEDICAL INDICATIONS	YES	NO
History of symptoms referable to anemia	<input type="checkbox"/>	<input type="checkbox"/>
History of transfusions to treat anemia	<input type="checkbox"/>	<input type="checkbox"/>
Hbg <10g/dl	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Endogenous serum erythropoietin (EPO) level $\leq$ 500mUnits/mL	<input type="checkbox"/>	<input type="checkbox"/>
Most recent serum EPO level: _____ mUnits/mL Date of lab work: _____		
Dose of zidovudine (Retrovir) $\leq$ 4200 mg/week Current dose: _____ mg/week	<input type="checkbox"/>	<input type="checkbox"/>
List other symptoms or indications:		
Physician's Name (please print)	Physician's Signature	Date

**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.**