



Alabama Drug Assistance Program (ADAP) Supplemental/Authorization Form for Procrit® (epoetin alfa) TELEPHONE: 888-311-7632 FAX: 800-848-4241

Please complete the ALL sections below for determination of treatment authorization

 Treatment of anemia due to: Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis. Zidovudine in patients with HIV-infection The effects of concomitant myclosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery <i>Source, http://www.janssenlabeta.com/pacage/insertimp/addr-monograph/prescribing-information/ROCRIT_pi.pdf</i> PROCRIT® (epoetin alfa) is available to AL ADAP enrollees who meet the medical criteria outlined below <u>Prescriber Name and Signature must be included.</u> Please fax completed application to Ramsell at 800-848-4241. For additional information, call the Ramsell Help Desk at: 1-888-311-7632. Clinicians will be notified of the approval decision by Ramsell All supporting labs and chart documentation are REQUIRED for approval of this request. Section 1 Patient First & Last Name: DOB: RW ID #: Section 2 Medical Indications and Treatment What is the planned treatment regimen and duration? (Please fill in):		· 1		v 1	lating agent (ESA) indicate	ed for:	
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