

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

EPOETIN ALPHA (EPOGEN/PROCRIT)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

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

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF
MEDICAL NECESSITY TO 855-828-4992 note the new fax number**

CRITERIA:

- Diagnosis of anemia associated with renal failure, chemotherapy, or HIV; OR
- Diagnosis of Hepatitis C and being treated with ribavirin; OR
- Blood transfusions, alleogenic and anemic surgery patients (**approve 1 time only**); OR
- 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, gastroenterologists, 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**)

NOTES:

Available as a Non-Traditional Medicaid Benefit.

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.

9/20/10