

**Medicare Part D – 2016****Prior Authorization Group Description:**

PROCRIT

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D. Treatment of anemia due to myelodysplastic syndrome (MDS). Treatment of anemia due to the combination of ribavirin and interferon alfa or ribavirin and peginterferon alfa in patients with Hepatitis C.

**Exclusion Criteria:****Required Medical Information:****Age Restrictions:****Prescriber Restrictions:****Coverage Duration:**

Length of Benefit.

**Other Criteria:**