Drug Name: Epogen, Procrit (epoetin alfa)
Line of Business: Exchange
Revised Date: 12/2018

Drug Name:	Epogen, Procrit (epoetin alfa)
Exclusion Criteria:	• In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. • In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. • In patients scheduled for surgery who are willing to donate autologous blood. • In patients undergoing cardiac or vascular surgery. • As a substitute for RBC transfusions in patients who require immediate correction of anemia
Required Medical Information:	• **Anemia Due to CKD** Authorization of 12 weeks may be granted for members with pretreatment hemoglobin < 10 g/dL. • **Anemia Due to Myelosuppressive Chemotherapy** Authorization of 12 weeks may be granted for members with nonmyeloid malignancy who meet ALL of the following criteria: 1. The intent of chemotherapy is non-curative 2. Pretreatment hemoglobin < 10 g/dL • **Anemia in MDS** o Authorization of 12 weeks may be granted for members with pretreatment hemoglobin < 10 g/dL. • **Reduction of Allogeneic Red Blood Cell Transfusion in Patients Undergoing Elective, Noncardiac, Nonvascular Surgery** o Authorization of 12 weeks may be granted for members scheduled to have an elective, noncardiac, nonvascular surgery when the pretreatment hemoglobin is > 10 to ≤ 13 g/dL. • **Anemia in Congestive Heart Failure (CHF)** o Authorization of 12 weeks may be granted for members with pretreatment hemoglobin < 9 g/dL. • **Anemia in Rheumatoid Arthritis (RA)** o Authorization of 12 weeks may be granted for members with

	pretreatment hemoglobin < 10 g/dL. • **Anemia Due to Hepatitis C Treatment** o Authorization of 12 weeks may be granted for members with pretreatment hemoglobin < 10 g/dL who are receiving ribavirin in combination with either interferon alfa or peginterferon alfa. • **Anemia Due to Zidovudine in HIV-infected Patients** o Authorization of 12 weeks may be granted for members currently receiving zidovudine with pretreatment hemoglobin < 10 g/dL. • **Anemia in Members Whose Religious Beliefs Forbid Blood Transfusions** o Authorization of 12 weeks may be granted for members with pretreatment hemoglobin < 10 g/dL. • **Anemia in Primary Myelofibrosis (MF), Post-polycythemia Vera MF, and Post-Essential Thrombocythemia MF** o Authorization of 12 weeks may be granted for members who meet ALL of the following criteria: ▪ Member has symptomatic anemia ▪ Pretreatment hemoglobin < 10 g/dL ▪ Pretreatment serum erythropoietin level < 500 mU/mL
Renewal Criteria	**For all indications below**: all members (including new members) requesting authorization for continuation of therapy after at least 12 weeks of ESA treatment must show a response with a rise in hemoglobin of ≥ 1 g/dL. Members who completed less than 12 weeks of ESA treatment and have not yet responded with a rise in hemoglobin of ≥ 1 g/dL may be granted authorization of up to 12 weeks to allow for sufficient time to demonstrate a response. • **Anemia Due to CKD** o Authorization of 12 weeks may be granted for continuation of therapy when the current hemoglobin is ≤ 12 g/dL. • **Anemia Due to Myelosuppressive Chemotherapy** • Authorization of 12 weeks may be granted for the continuation of therapy in members with nonmyeloid malignancy who meet BOTH of the following criteria: o The intent of chemotherapy is non-curative o Current hemoglobin is < 11 g/dL

- **Anemia in MDS**
  - Authorization of 12 weeks may be granted for continuation of treatment when the current hemoglobin is ≤ 12 g/dL.

- **Anemia in CHF, RA**
  - Authorization of 12 weeks may be granted for continuation of treatment when the current hemoglobin is ≤ 12 g/dL.

- **Anemia Due to Hepatitis C Treatment**
  - Authorization of 12 weeks may be granted for continuation of treatment when the member meets ALL of the following criteria:
  - The member is receiving ribavirin in combination with either interferon alfa or peginterferon alfa
  - The current hemoglobin is ≤ 12 g/dL.

- **Anemia Due to Zidovudine in HIV-infected Patients**
  - Authorization of 12 weeks may be granted for continuation of therapy in members receiving zidovudine when the current hemoglobin is ≤ 12 g/dL.

- **Anemia in Members Whose Religious Beliefs Forbid Blood Transfusions**
  - Authorization of 12 weeks may be granted for continuation of treatment when the current hemoglobin is ≤ 12 g/dL.

- **Anemia in Primary Myelofibrosis, Post-polycythemia Vera Myelofibrosis, and Post-Essential Thrombocythemia Myelofibrosis**
  - Authorization of 12 weeks may be granted for continuation of treatment when the current hemoglobin is ≤ 12 g/dL.