



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

EPOETIN ALFA

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
EPOETIN ALFA	EPOGEN, PROCRIT	04553		GPI-10 (8240102000)	

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Does the patient have a diagnosis of anemia associated with chronic kidney disease (CKD) and meet **ALL** of the following criteria?
  - The patient had a trial of the preferred agent: Retacrit
  - The patient has a hemoglobin level of less than 10g/dL

If yes, approve for 12 months by GPID or GPI-14 for the requested agent as follows:

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
- Procrit 20,000U/mL: #12mL per 28 days.
- Procrit 40,000U/mL: #4mL per 28 days.
- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
- Epogen 3,000U/mL: #12mL per 28 days.
- Epogen 4,000U/mL: #12mL per 28 days.
- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, continue to #2.

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INITIAL CRITERIA (CONTINUED)

2. Does the patient have a diagnosis of anemia due to the effects of concomitantly administered cancer chemotherapy and meet **ALL** of the following criteria?

- The patient had a trial of the preferred agent: Retacrit
- The patient has a hemoglobin level of less than 11g/dL OR the patient's hemoglobin level has decreased at least 2g/dL below baseline level

If yes, approve for 12 months by GPID or GPI-14 for the requested agent as follows:

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
- Procrit 20,000U/mL: #12mL per 28 days.
- Procrit 40,000U/mL: #4mL per 28 days.
- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
- Epogen 3,000U/mL: #12mL per 28 days.
- Epogen 4,000U/mL: #12mL per 28 days.
- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, continue to #3.

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INITIAL CRITERIA (CONTINUED)

3. Does the patient have a diagnosis of anemia related to zidovudine therapy and meet **ALL** of the following criteria?

- The patient had a trial of the preferred agent: Retacrit
- The patient has a hemoglobin level of less than 10g/dL

If yes, approve for 12 months by GPID or GPI-14 for the requested agent as follows:

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
- Procrit 20,000U/mL: #12mL per 28 days.
- Procrit 40,000U/mL: #4mL per 28 days.
- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
- Epogen 3,000U/mL: #12mL per 28 days.
- Epogen 4,000U/mL: #12mL per 28 days.
- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, continue to #4.

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INITIAL CRITERIA (CONTINUED)

4. Does the patient have a diagnosis of anemia due to concurrent hepatitis C combination treatment with ribavirin plus an interferon alfa or peginterferon alfa and meet **ALL** of the following criteria?
- The patient had a trial of the preferred agent: Retacrit
  - The patient has a hemoglobin level of less than 10g/dL
  - The patient had a trial of or contraindication to ribavirin dose reduction

If yes, **approve for 6 months by GPID or GPI-14 for the requested agent as follows:**

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
- Procrit 20,000U/mL: #12mL per 28 days.
- Procrit 40,000U/mL: #4mL per 28 days.
- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
- Epogen 3,000U/mL: #12mL per 28 days.
- Epogen 4,000U/mL: #12mL per 28 days.
- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, continue to #5.

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INITIAL CRITERIA (CONTINUED)

5. Is the patient undergoing elective, noncardiac, nonvascular surgery and meet **ALL** of the following criteria?
- The patient had a trial of the preferred agent: Retacrit
  - The patient has a hemoglobin level of less than 13g/dL

If yes, approve for 1 month by GPID or GPI-14 for the requested agent as follows:

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
- Procrit 20,000U/mL: #12mL per 28 days.
- Procrit 40,000U/mL: #4mL per 28 days.
- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
- Epogen 3,000U/mL: #12mL per 28 days.
- Epogen 4,000U/mL: #12mL per 28 days.
- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

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INITIAL CRITERIA (CONTINUED)

**INITIAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **EPOETIN ALFA (Procrit, Epogen)** requires the following rules be met for approval:

- A. You have ONE of the following:
  - 1. Anemia (low amount of healthy red blood cells) due to chronic kidney disease
  - 2. Anemia due to the effect of concomitantly administered (given at the same time) cancer chemotherapy
  - 3. Anemia related to zidovudine therapy (type of drug to treat human immunodeficiency virus)
  - 4. Anemia due to hepatitis C combination treatment with ribavirin plus an interferon alfa or peginterferon alfa
  - 5. You are undergoing elective, noncardiac (not heart related), nonvascular surgery
- B. **If you have anemia associated with chronic kidney disease, approval also requires:**
  - 1. You had a trial of the preferred medication: Retacrit
  - 2. You have a hemoglobin level (type of blood test) of less than 10g/Dl
- C. **If you have anemia due to the effects of concomitantly administered cancer chemotherapy, approval also requires:**
  - 1. You had a trial of the preferred medication: Retacrit
  - 2. You have a hemoglobin level of less than 11g/Dl OR your hemoglobin level has decreased at least 2g/Dl below your baseline level
- D. **If you have anemia related to zidovudine therapy, approval also requires:**
  - 1. You had a trial of the preferred medication: Retacrit
  - 2. You have a hemoglobin level of less than 10g/dL
- E. **If you have anemia due to concurrent hepatitis C combination treatment with ribavirin plus an interferon alfa or peginterferon alfa, approval also requires:**
  - 1. You had a trial of the preferred medication: Retacrit
  - 2. You have tried or have a contraindication (harmful for) to a lower ribavirin dose
  - 3. You have a hemoglobin level of less than 10g/Dl
- F. **If you are undergoing elective, noncardiac, nonvascular surgery, approval also requires:**
  - 1. You had a trial of the preferred medication: Retacrit
  - 2. You have a hemoglobin level of less than 13g/dL

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

**NOTE:** Requests for patients undergoing elective, noncardiac, nonvascular surgery, please refer to the Initial Criteria section.

1. Does the patient have a diagnosis of anemia associated with chronic kidney disease (CKD) and meet **ONE** of the following criteria?
  - The patient has a hemoglobin level of less than 10g/dL if not on dialysis
  - The patient has a hemoglobin level of less than 11g/dL if on dialysis
  - The patient has a hemoglobin level that has reached 10g/dL (if not on dialysis) and the dose is being reduced/interrupted to decrease the need for blood transfusions
  - The patient has a hemoglobin level that has reached 11g/dL (if on dialysis) and the dose is being reduced/interrupted to decrease the need for blood transfusions

If yes, **approve for 12 months by GPID or GPI-14 for the requested agent as follows:**

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
- Procrit 20,000U/mL: #12mL per 28 days.
- Procrit 40,000U/mL: #4mL per 28 days.
- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
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- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, continue to #2.

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RENEWAL CRITERIA (CONTINUED)

2. Does the patient have a diagnosis of anemia due to the effects of concomitantly administered cancer chemotherapy **AND** meet the following criterion?

- The patient has a hemoglobin level between 10g/dL and 12g/dL

If yes, **approve for 12 months by GPID or GPI-14 for the requested agent as follows:**

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
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- Procrit 40,000U/mL: #4mL per 28 days.
- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
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- Epogen 4,000U/mL: #12mL per 28 days.
- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, continue to #3.

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RENEWAL CRITERIA (CONTINUED)

3. Does the patient have a diagnosis of anemia related to zidovudine therapy **AND** meet the following criterion?

- The patient has a hemoglobin level between 10g/dL and 12g/dL

If yes, **approve for 12 months by GPID or GPI-14 for the requested agent as follows:**

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
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- Procrit 40,000U/mL: #4mL per 28 days.
- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
- Epogen 3,000U/mL: #12mL per 28 days.
- Epogen 4,000U/mL: #12mL per 28 days.
- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, continue to #4.

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RENEWAL CRITERIA (CONTINUED)

4. Does the patient have a diagnosis of anemia due to concurrent hepatitis C combination treatment with ribavirin plus an interferon alfa or peginterferon alfa **AND** meet the following criterion?
- The patient has a hemoglobin level between 10g/dL and 12g/dL

If yes, approve for 6 months by GPID or GPI-14 for the requested agent as follows:

- Procrit 2,000U/mL: #12mL per 28 days.
- Procrit 3,000U/mL: #12mL per 28 days.
- Procrit 4,000U/mL: #12mL per 28 days.
- Procrit 10,000U/mL: #12mL per 28 days.
- Procrit 20,000U/mL: #12mL per 28 days.
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- Procrit 20,000U/2mL: #12mL per 28 days.
- Epogen 2,000U/mL: #12mL per 28 days.
- Epogen 3,000U/mL: #12mL per 28 days.
- Epogen 4,000U/mL: #12mL per 28 days.
- Epogen 10,000U/mL: #12mL per 28 days.
- Epogen 20,000U/mL: #12mL per 28 days.
- Epogen 20,000U/2mL: #12mL per 28 days.

If no, do not approve.

**DENIAL TEXT:** See the renewal denial text at the end of the guideline.

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RENEWAL CRITERIA (CONTINUED)

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **EPOETIN ALFA (Procrit, Epogen)** requires the following rule(s) be met for renewal:

- A. You have ONE of the following:
  - 1. Anemia (low amount of healthy red blood cells) due to chronic kidney disease
  - 2. Anemia due to the effects of concomitantly administered (given at the same time) cancer chemotherapy
  - 3. Anemia related to zidovudine therapy (type of drug to treat human immunodeficiency virus)
  - 4. Anemia due to hepatitis C combination treatment with ribavirin plus an interferon alfa or peginterferon alfa
- B. **If you have anemia associated with chronic kidney disease, renewal also requires ONE of the following:**
  - 1. You have a hemoglobin level (type of blood test) of less than 10g/dL if you are not on dialysis (process of removing excess water, toxins from the blood)
  - 2. You have a hemoglobin level of less than 11g/dL if you are on dialysis
  - 3. Your hemoglobin level has reached 10g/dL (if you are not on dialysis) and your dose is being reduced/interrupted to decrease the need for blood transfusions
  - 4. Your hemoglobin level has reached 11g/dL (if you are on dialysis) and your dose is being reduced/interrupted to decrease the need for blood transfusions
- C. **If you have anemia due to the effects of concomitantly administered cancer chemotherapy, renewal also requires:**
  - 1. You have a hemoglobin level between 10g/dL and 12g/dL
- D. **If you have anemia related to zidovudine therapy, renewal also requires:**
  - 1. You have a hemoglobin level between 10g/dL and 12g/dL
- E. **If you have anemia due to concurrent hepatitis C combination treatment with ribavirin plus an interferon alfa or peginterferon alfa, renewal also requires:**
  - 1. You have a hemoglobin level between 10g/dL and 12g/dL

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**EPOETIN ALFA**

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Procrit, Epogen.

**REFERENCES**

- Procrit [Prescribing Information]. Thousand Oaks, CA: Amgen, July 2018.
- Epogen [Prescribing Information]. Thousand Oaks, CA: Amgen, July 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/17/23

Created: 02/11

Client Approval: 03/23

P&T Approval: 01/21