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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EPOETIN ALFA

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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EPOETIN ALFA

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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EPOETIN ALFA

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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EPOETIN ALFA

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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EPOETIN ALFA

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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EPOETIN ALFA

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.**
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   - **Epogen 2,000U/mL: #12mL per 28 days.**
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   - **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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EPOETIN ALFA

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.**
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   - **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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EPOETIN ALFA

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.**
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   If no, continue to #4.

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EPOETIN ALFA

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.**
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   - **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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EPOETIN ALFA

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

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