



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

EPOETIN ALFA-EPBX

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
EPOETIN ALFA-EPBX	RETACRIT	44931		GPI-10 (8240102004)	

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 the following criterion?

- 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 strength as follows:**

- **2,000U/mL: #12mL in 28 days.**
- **3,000U/mL: #12mL in 28 days.**
- **4,000U/mL: #12mL in 28 days.**
- **10,000U/mL: #12mL in 28 days.**
- **20,000U/mL: #12mL in 28 days.**
- **40,000U/mL: #4mL in 28 days.**
- **20,000U/2mL: #12mL in 28 days.**

If no, continue to #2.

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

- The patient has a hemoglobin level of less than 11g/dL
- 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 strength as follows:**

- **2,000U/mL: #12mL in 28 days.**
- **3,000U/mL: #12mL in 28 days.**
- **4,000U/mL: #12mL in 28 days.**
- **10,000U/mL: #12mL in 28 days.**
- **20,000U/mL: #12mL in 28 days.**
- **40,000U/mL: #4mL in 28 days.**
- **20,000U/2mL: #12mL in 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 the following criterion?

- 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 strength as follows:**

- **2,000U/mL: #12mL in 28 days.**
- **3,000U/mL: #12mL in 28 days.**
- **4,000U/mL: #12mL in 28 days.**
- **10,000U/mL: #12mL in 28 days.**
- **20,000U/mL: #12mL in 28 days.**
- **40,000U/mL: #4mL in 28 days.**
- **20,000U/2mL: #12mL in 28 days.**

If no, continue to #4.

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 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 strength as follows:**

- **2,000U/mL: #12mL in 28 days.**
- **3,000U/mL: #12mL in 28 days.**
- **4,000U/mL: #12mL in 28 days.**
- **10,000U/mL: #12mL in 28 days.**
- **20,000U/mL: #12mL in 28 days.**
- **40,000U/mL: #4mL in 28 days.**
- **20,000U/2mL: #12mL in 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 the following criterion?
- 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 strength as follows:**

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

If no, do not approve.

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-EPBX (Retacrit)** requires the following rule(s) 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 have a hemoglobin level (type of blood test) of less than 10g/dL

C. **If you have anemia due to the effect of concomitantly administered cancer chemotherapy, approval also requires ONE of the following:**

1. You have a hemoglobin level of less than 11g/dL
2. Your hemoglobin level has decreased at least 2g/dL below your baseline level

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EPOETIN ALFA-EPBX

INITIAL CRITERIA (CONTINUED)

- D. **If you have anemia related to zidovudine therapy, approval also requires:**
1. 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 have tried or have a contraindication (harmful for) to a lower ribavirin dose
 2. You have a hemoglobin level of less than 10g/dL
- F. **If you are undergoing elective, noncardiac, nonvascular surgery, approval also requires:**
1. 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.

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 strength as follows:**

- **2,000U/mL: #12mL in 28 days.**
- **3,000U/mL: #12mL in 28 days.**
- **4,000U/mL: #12mL in 28 days.**
- **10,000U/mL: #12mL in 28 days.**
- **20,000U/mL: #12mL in 28 days.**
- **40,000U/mL: #4mL in 28 days.**
- **20,000U/2mL: #12mL in 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 strength as follows:**

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

If no, continue to #3.

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 strength as follows:**

- 2,000U/mL: #12mL in 28 days.
- 3,000U/mL: #12mL in 28 days.
- 4,000U/mL: #12mL in 28 days.
- 10,000U/mL: #12mL in 28 days.
- 20,000U/mL: #12mL in 28 days.
- 40,000U/mL: #4mL in 28 days.
- 20,000U/2mL: #12mL in 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 strength as follows:**

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

If no, do not approve.

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-EPBX (Retacrit)** 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 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

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

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RENEWAL CRITERIA (CONTINUED)

- 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.

RATIONALE

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

REFERENCES

- Retacrit [Prescribing Information]. Lake Forest, IL: Pfizer Inc. August 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/17/23

Created: 02/11

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P&T Approval: 01/21