



Drug Name: Epogen and Procrit

Date: 09-2017

Revised: 8/2018

Drug Name: Epoetin alpha (Epogen® and Procrit®)	
Exclusion Criteria:	<ul style="list-style-type: none"> • Patient diagnosed with end-stage renal disease and currently on dialysis; or • Patients that have an anticipated outcome of cure; or • Patients with uncontrolled hypertension; or • Patients with pure red cell aplasia (PRCA) that develops after treatment with any erythropoietin drug; or • Diagnosis being treated is not FDA-approved or a recognized indication.
Required Medical Information:	<ul style="list-style-type: none"> • Patient is being treated for chemotherapy-induced anemia; <ul style="list-style-type: none"> ○ Patient has a hemoglobin level less than 10 g/dL; and ○ Patient has a minimum of two additional months of planned chemotherapy; or • Patient is being treated for anemia related to chronic kidney failure; and <ul style="list-style-type: none"> ○ Patient is not diagnosed with end-stage renal disease and currently on dialysis; and ○ Patient laboratory results (within 30 days of request) support all of the following: <ul style="list-style-type: none"> ▪ Transferrin saturation level above 20%, and ▪ Ferritin level greater than 100 ng/mL; and ▪ Hemoglobin less than 10 g/dL for initial or hemoglobin less than or equal to 11 g/dL for renewal; or • Patient is being treated for anemia related to HIV therapy with zidovudine; and <ul style="list-style-type: none"> ○ Patient is taking less than 4200 mg of zidovudine per week; and ○ Patient laboratory results (within 30 days of request) support all of the following: <ul style="list-style-type: none"> ▪ Endogenous serum erythropoietin level less than 500 mUnits/mL; and ▪ Hemoglobin level less than 12 g/dL; or • Patient is at risk for requiring an allogenic blood transfusion due to elective surgery; and <ul style="list-style-type: none"> ○ Patient laboratory results (within 30 days of request) support all of the following: <ul style="list-style-type: none"> ▪ Hemoglobin level between 10 and 13 g/dL.
Note(s):	Epogen is covered under the Medical Benefit as part of the ESRD bundle for members diagnosed with end-stage renal disease currently on dialysis. Epogen or any other Erythropoietin are not covered separately for these members.
Coverage Duration:	<ul style="list-style-type: none"> • Initial: 4 weeks • Renewals: 3 months