



**Drug Name:** Epogen and Procrit

**Date:** 09-2017

**Revised:** 8/2018

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