



Drug Name: Aranesp (darbepoetin alfa)

Date: 9-2017

Drug Name:	Aranesp (darbepoetin alfa)
Prescriber Restrictions:	
Age Restrictions:	
Exclusion Criteria:	Patients with uncontrolled hypertension or with pure red cell aplasia (PRCA) that begins after treatment with any erythropoietin drug.
Required Medical Information:	<ul style="list-style-type: none"> • Patient has failed a recent trial with Epogen or Procrit due to inadequate response and/or intolerance and meets the following criteria: <ul style="list-style-type: none"> ○ Patient is being treated for chemotherapy induced anemia and currently has a documented hemoglobin level less than 10 g/dL and <ul style="list-style-type: none"> ▪ Aranesp dose should be reduced or interrupted if the hemoglobin level approaches or exceeds 10 g/dL. ▪ Patient must have a minimum of two additional months of planned chemotherapy ▪ Not indicated for patients when anticipated outcome is cure OR ○ Patient is being treated for anemia related to chronic kidney failure and has a documented transferrin saturation level above 20%, ferritin level greater than 100ng/ml and hemoglobin less than 10 g/dL <ul style="list-style-type: none"> ▪ Aranesp dose should be reduced or interrupted if hemoglobin level approaches or exceeds 11 g/dL.
Note(s):	This product may not be administered to patients to target a hemoglobin level of greater than 11 g/dL due to increased risk of death and cardiovascular events.
Coverage Duration	Initial: 4 weeks Renewals: 3 months