**EPOGEN IS PREFERRED AND WILL BE REIMBURSED THROUGH AN AUTO-PRIOR AUTHORIZATION VIA DIAGNOSIS**

LENGTH OF AUTHORIZATION: UP TO SIX MONTHS

REVIEW CRITERIA:

Anemia associated with chronic kidney disease (CKD) in patients not on dialysis or receiving home dialysis (Approve for 6 months):

Initial Therapy – Patient must meet all requirements below:
Hemoglobin < 10 g/dL. Transferrin saturation ≥ 20% and Serum Ferritin ≥ 100ng/mL.
Lab data within 2 months of PA submission.

Continuation of Therapy - Patient must meet all requirements below:
Hemoglobin ≤ 11 g/dL. Transferrin saturation ≥ 20% and Serum Ferritin ≥ 100ng/mL.
Lab data within 2 months of PA submission.

Anemia associated with chemotherapy: (Approve for 6 months)

Initial Therapy - Patient must meet all requirements below:
No existing history of iron or folate deficiency, hemolysis, or gastrointestinal bleeding.
Hemoglobin < 10 g/dL. Transferrin saturation ≥ 20% and Serum Ferritin ≥ 100ng/mL.
Must be on or initiating chemotherapy.

Continuation of Therapy - Patient must meet all requirements below:
No existing history of iron or folate deficiency, hemolysis, or gastrointestinal bleeding.
Hemoglobin ≤ 12 or lowest level sufficient to avoid transfusion
Transferrin saturation ≥ 20% Serum Ferritin ≥ 100ng/mL

Anemia associated with human immunodeficiency virus (Approve for 3 months):

Initial Therapy - Patient must meet all requirements below:
No existing history of iron or folate deficiency, hemolysis, or gastrointestinal bleeding.
Hemoglobin < 13 g/dL in men and < 12 g/dL in women.
Transferrin saturation ≥ 20% and Serum Ferritin ≥ 100ng/mL

Continuation of Therapy - Patient must meet all requirements below:
Hemoglobin < 13 g/dL in men and < 12 g/dL in women
Transferrin saturation ≥ 20% and Serum Ferritin ≥ 100ng/mL
Division: Pharmacy Policy

Subject: Prior Authorization Criteria

Original Development Date: 
Original Effective Date: 

Anemia associated with Hepatitis C (Approve for 6 months):

**Initial Therapy - Patient must meet all requirements below:**
- No existing history of iron or folate deficiency, hemolysis, or gastrointestinal bleeding.
- Hemoglobin ≤ 12 g/dl. Transferrin saturation ≥ 20% and Serum Ferritin ≥ 100ng/mL
- Current HCV therapy with Ribavirin

**Continuation of Therapy - Patient must meet all requirements below:**
- Hemoglobin ≤ 12 g/dL. Transferrin saturation ≥ 20% and Serum Ferritin ≥ 100ng/mL
- Current HCV therapy with Ribavirin

To reduce the need for allogenic blood transfusions in anemic patients scheduled to undergo elective, non-cardiac, nonvascular surgery (Approve no more than 15 doses).

- Must be unwilling to donate blood.
- Patient must have a hemoglobin > 10 and ≤ 13 g/dL.
- Must be receiving iron supplementation.

Supplemental iron therapy is recommended for all patients whose serum ferritin is below 100 mcg/L or whose serum transferrin saturation is below 20%.

*Procrit/Retacrit* is not intended for patients who require immediate correction of severe anemia. *Procrit/Retacrit* may remove the need for maintenance transfusions but is not a substitute for emergency transfusion or treatment of other causes of anemia, such as iron deficiency, underlying infectious, inflammatory, or malignant processes, occult blood loss, underlying hematologic diseases, folic acid, vitamin B-12 deficiency, or hemolysis.

**DOSING INFORMATION:**

**Chronic Kidney Disease**

**Recommended Doses** - For patients with CKD not on dialysis:
- If the hemoglobin level exceeds 10 g/dL, reduce or interrupt the dose, and use the lowest dose sufficient to reduce the need for RBC transfusions.
- The recommended starting dose for adult patients is 50 to 100 units/kg 3 times weekly intravenously or subcutaneously.

**Recommended Doses** - For patients with CKD on dialysis:
- If the hemoglobin level approaches or exceeds 11 g/dL, reduce or interrupt the dose.
- The recommended starting dose for adult patients is 50 to 100 units/kg 3 times weekly intravenously or subcutaneously.
- For pediatric patients, a starting dose of 50 units/kg 3 times weekly intravenously or subcutaneously is recommended.
- The intravenous route is recommended for patients on hemodialysis.
Division: Pharmacy Policy

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**Zidovudine-treated HIV-infected Patients**

**Recommended Dose:**
The recommended starting dose in adults is 100 units/kg as an intravenous or subcutaneous injection 3 times per week.

**Cancer Patients on Chemotherapy**

**Recommended Starting Dose:**
Adults
- 150 units/kg subcutaneously 3 times per week until completion of a chemotherapy course or
- 40,000 units subcutaneously weekly until completion of a chemotherapy course.

Pediatric Patients (5 to 18 years)
- 600 units/kg intravenously weekly until completion of a chemotherapy course.

**Surgery Patients**

**Recommended Dose:**
- 300 units/kg per day subcutaneously for 15 days total: administered daily for 10 days before surgery, on the day of surgery, and for 4 days after surgery.
- 600 units/kg subcutaneously in 4 doses administered 21, 14, and 7 days before surgery and on the day of surgery.