Erythropoetin Stimulating Agents

Included Products: Aranesp (darbepoetin), Epogen (epoetin alfa), Procrit (epoetin alfa), Retacrit (epoetin alfa-epbx)

Epogen and Procrit are nonformulary for outpatient benefit. PA required on medical benefit.

Created: 01/27/2009 *Revised:* 07/11/2019 *Reviewed:* 03/11/2021 *Updated:* 09/24/2021

All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have anemia associated with ONE of the following conditions? a. Chronic renal failure (CRF), or b. Solid tumors or multiple myeloma or lymphoma or lymphocytic leukemia who is currently undergoing myelosuppressive chemotherapy.	Continue to #4.	Continue to #2.
2.	Does the member have anemia associated with HIV/AIDS zidovudine therapy?	Continue to #5.	Continue to #3.
3.	Does the member have anemia associated with interferon-ribavirin treatment (Pegasys, Peg-Intron, ribavirin, Ribasphere, Copegus)?	Forward to PLAN for review.	Continue to #6.
4.	Does the member meet ALL of the following criteria? a. Hgb < 10 g/dL or Hct < 30%, and b. transferrin saturation > 20% AND ferritin > 100 ng/ml	Continue to #8.	Do not approve.
5.	Does the member meet ALL of the following criteria? a. Hgb < 10 g/dL or Hct < 30%, and b. transferrin saturation ≥ 20%, and c. Endogenous erythropoietin ≤ 500 IU/L, and d. Zidovudine doses ≤ 4200mg per week (verify with claims history)	Continue to #8.	Do not approve.
6.	Is the request for pre-operative treatment to raise hemoglobin and hematocrit prior to scheduled surgical procedures AND member has religious beliefs that preclude blood product transfusions?	Continue to #7.	Do not approve.

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7.	Is the member currently anemic by the following definition?: a. Men: Hemoglobin < 13 g/dL b. Women: Hemoglobin < 12 g/dL	Continue to #8.	Do not approve.
8.	Approve for 3 months.		
Renewal Criteria		**If yes**	**If no**
1.	Is the member currently on epoetin (Procrit, Epogen) or darbepoetin (Aranesp) therapy and has maintained adequate iron stores (transferrin saturation > 20%)?	Continue to #2.	Do not approve.
2.	Has the member continued to see a response to treatment demonstrated by an increase from baseline Hb/Hct or maintenance at target Hb/Hct?	Continue to #3.	Do not approve.
3.	For chronic kidney disease and HIV/AIDS: Approve for 12 months. For anemia of cancer/chemotherapy: Approve for 6 months.		