



## EPOETIN ALFA PA SUMMARY

Preferred	Non-Preferred
Epogen (epoetin alfa) Procrit (epoetin alfa)	Aranesp (darbepoetin alfa)

**LENGTH OF AUTHORIZATION:** Varies depending on diagnosis

**NOTES:**

- ❖ If medication is being administered in a physician’s office then it must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).
- ❖ Depending on diagnosis, providers need to be prepared to provide documentation of hemoglobin levels or endogenous erythropoietin levels.

**PA CRITERIA:**

*Epogen and Procrit*

- ❖ The following are approvable diagnoses
  - Anemia associated with chronic kidney disease (CKD) (including patients on dialysis and not on dialysis)
  - Anemia associated with zidovudine
  - Anemia in non-myeloid malignancies caused by myelosuppressive chemotherapy
  - To reduce the need for blood transfusions in anemic participants scheduled to undergo elective surgery, excluding cardiac, cosmetic, or vascular surgery, who are unwilling to donate autologous blood
  - Anemia associated with myelodysplastic syndrome
  - Anemia due to ribavirin, Incivek, or Victrelis in members who did not experience an improvement in hemoglobin level with ribavirin dose reduction

*Aranesp*

- ❖ Member must have an allergy to benzyl alcohol or a history of intolerable side effects to the preferred products, Epogen/Procrit, that has not occurred or expected to occur with Aranesp.

**AND**

- ❖ The following are approvable diagnoses
  - Anemia associated with chronic kidney disease (CKD), including patients on dialysis and not on dialysis)
  - Anemia in non-myeloid malignancies caused by myelosuppressive chemotherapy
  - Anemia due to myelodysplastic syndrome



- Anemia due to ribavirin, Incivek, or Victrelis in members who did not experience an improvement in hemoglobin level with ribavirin dose reduction

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.