



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 22, 2010, July 8, 2011, April 12, 2012, March 31, 2015, July 21, 2017, March 28, 2018, June 8, 2018, July 9, 2018, October 29, 2018

Procrit® (epoetin alfa)

LENGTH OF AUTHORIZATION: UP TO SIX MONTHS

REVIEW CRITERIA:

****Trial and failure to therapy of a preferred medication is required for each indication listed below:**

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

- **Initial Therapy:**
 - Hemoglobin < 10 g/dL, Transferrin saturation \geq 20% and Serum Ferritin \geq 100ng/mL.
 - Lab data within 2 months of PA submission.
- **Continuation of Therapy:**
 - Hemoglobin \leq 11 g/dL, Transferrin saturation \geq 20% and Serum Ferritin \geq 100ng/mL.
 - Lab data within 2 months of PA submission.

Anemia associated with chemotherapy: (Approve for 6 months):

- **Initial Therapy:**
 - No existing history of iron or folate deficiency, hemolysis, or gastrointestinal bleeding.
 - Hemoglobin < 10 g/dL, Transferrin saturation \geq 20% and Serum Ferritin \geq 100ng/mL.
 - Must be on or initiating chemotherapy.
- **Continuation of Therapy:**
 - No existing history of iron or folate deficiency, hemolysis, or gastrointestinal bleeding.
 - Hemoglobin \leq 12 or lowest level sufficient to avoid transfusion
 - Transferrin saturation \geq 20% Serum Ferritin \geq 100ng/mL

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

- **Initial Therapy:**
 - 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 \geq 20% and Serum Ferritin \geq 100ng/mL
- **Continuation of Therapy:**
 - Hemoglobin < 13 g/dL in men and < 12 g/dl in women
 - Transferrin saturation \geq 20% and Serum Ferritin \geq 100ng/mL



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

- **Initial Therapy:**
 - No existing history of iron or folate deficiency, hemolysis, or gastrointestinal bleeding.
 - Hemoglobin \leq 12 g/dl. Transferrin saturation \geq 20% and Serum Ferritin \geq 100ng/mL
 - Current HCV therapy with Ribavirin.
- **Continuation of Therapy:**
 - Hemoglobin \leq 12 g/dL. Transferrin saturation \geq 20% and Serum Ferritin \geq 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 \leq 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 is not intended for patients who require immediate correction of severe anemia. Procrit 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

Starting Dose:

- **For adult patients not on dialysis** the recommended starting dose:
 - 50 to 100 units/kg 3 times weekly intravenously or subcutaneously.
- **For pediatric patients not on dialysis** the recommended starting dose:
 - 50 units/kg three times weekly intravenously or subcutaneously.

Starting Dose:

- **For adult patients on dialysis:**
 - 50 to 100 units/kg 3 times weekly intravenously or subcutaneously.
 - The intravenous route is recommended for patients on hemodialysis.
- **For pediatric patients on dialysis:**
 - 50 units/kg three times weekly intravenously or subcutaneously.
 - The intravenous route is recommended for patients on hemodialysis.



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Zidovudine-treated HIV-infected Patients

Starting 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

Starting Dose:

- The recommended starting dose in 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.
- The recommended starting dose in pediatric patients (5 to 18 years):
 - 600 units/kg intravenously weekly until completion of a chemotherapy course.

Surgery Patients

Recommended Dose:

- 300 units/kg subcutaneously daily for a total of 15 days. The dose is administered for 10 days pre-surgery, the day of surgery, and 4 days post-surgery OR
- 600 units/kg subcutaneously for a total of 4 doses administered. The doses are administered on days 21, 14, and 7 days pre-surgery and on the day of surgery.