ERYTHROPOIETIN STIMULATING AGENTS

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epogen</td>
<td>Epoetin Alfa</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Procrit</td>
<td>Epoetin Alfa</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Aranesp</td>
<td>Darbepoetin Alfa</td>
<td>Per Medical Guidelines</td>
</tr>
</tbody>
</table>

**Approvable Criteria:**

1. For treatment of anemia associated with *chronic renal failure*, including dialysis-dependent and dialysis-independent members:
   a) Members must have a hematocrit of less than 30% or a hemoglobin level less than 10g/dL prior to therapy.
   b) Anemia must be clinically symptomatic or transfusion dependent. Symptoms of anemia include fatigability, tachycardia, palpitation, tachypnea on exertion.

2. For treatment of anemia associated with *myelosuppressive anticancer chemotherapy*:
   a) Practitioner must be enrolled in the ESA APPRISE Oncology program.
   b) Member must sign ESA APPRISE Oncology Patient and Healthcare Professional (HCP) Acknowledgement Form to document that the healthcare practitioner discussed the risks with the member.
   c) Member is receiving chemotherapy or within 8 weeks of the final chemotherapy dose.
   d) Members must have a hematocrit of less than 30% or a hemoglobin level less than 10g/dL prior to therapy.
   e) Diagnosis is a solid organ tumor, lymphoma, or lymphocytic leukemia. Should not be used when anticipated outcome of chemotherapy is cure.

3. For treatment of anemia related to zidovudine therapy in *HIV-infected patients*:
   a) Members must have a hematocrit of less than 30% or a hemoglobin level less than 10g/dL prior to therapy.

4. For treatment of anemia in members scheduled to undergo *high-risk surgery* at increased risk of or intolerant to transfusions with significant, anticipated blood loss:
   a) Surgery must be elective, non cardiac, non-vascular.
   b) Members must have a hemoglobin level less than 13g/dL.

**Approvable Duration:**

- 8 Weeks for anemic surgical patients.
- 6 Months for all other diagnoses.

**Continued on following page...**
ERYTHROPOIETIN STIMULATING AGENTS

Reauthorization Criteria:

- Current hemoglobin level is maintained between 10 and 12g/dL and Hematocrit is maintained between 30 and 36%.
- Cancer patients on myelosuppressive chemotherapy are still receiving chemotherapy or it is within 8 weeks of the final chemotherapy dose.

QUANTITY LIMITS:

PROCRIT & EPOGEN= 12 VIALS x 30 DAYS
ARANESP = 4 VIALS/SYRINGES x 30 DAYS

SPECIALTY PHARMACY PRODUCT

References: