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, July 24, 2019, July 7, 2020

Procrit® (epoetin alfa)

LENGTH OF AUTHORIZATION: UP TO SIX MONTHS

REVIEW CRITERIA:

****Trial and failure to therapy of a preferred medication (e.g. Aranesp or Epogen) 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 ≥ 20% and Serum Ferritin ≥ 100ng/mL.
  - Lab data within 2 months of PA submission.
- **Continuation of Therapy:**
  - 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:**
  - 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:**
  - 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:**
  - 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:**
  - Hemoglobin < 13 g/dL in men and < 12 g/dl in women
  - Transferrin saturation ≥ 20% and Serum Ferritin ≥ 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 ≤ 12 g/dl. Transferrin saturation ≥ 20% and Serum Ferritin ≥ 100ng/mL
  - Current HCV therapy with Ribavirin.
- **Continuation of Therapy:**
  - 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 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.

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.