Pharmacy Prior Authorization
Erythropoiesis – Stimulating Agents Clinical Guideline

Authorization Guidelines:
For patients who meet all of the following:
• Does not have uncontrolled hypertension
• No known hypersensitivity to mammalian cell-derived products
• No known hypersensitivity to albumin (human)
• Diagnosis of anemia with underlying cause documented
• Other causes of anemia have been treated (e.g., vitamin deficiency, metabolic or chronic inflammatory conditions, bleeding, etc)
• Iron Studies showing member has adequate iron stores to support erythropoiesis
  o Serum ferritin ≥100 ng/ml and transferrin saturation* (iron saturation) ≥ 20%, or
  o Normal serum iron, TIBC and serum ferritin, or
  o Reticulocyte hemoglobin content (CHr) >29, or

Additional Criteria for Treatment of Anemia due to Chronic Kidney Disease (CKD):
• For initial therapy:  Hemoglobin < 10 g/dL within the last 2 weeks
• For maintenance therapy:  Hemoglobin <11 g/dL within the last 2 weeks

Additional Criteria for Treatment of Anemia in Patients with HIV receiving zidovudine (Procrit and Epogen only):
• Zidovudine dose ≤4200 mg/week
• Endogenous erythropoietin levels ≤ 500 IU/L
• For initial therapy:  Hemoglobin <10 g/dL within the last 2 weeks
• For maintenance therapy:  Hemoglobin <11 g/dL within the last 2 weeks

Additional Criteria for reducing transfusions in patients undergoing elective, noncardiac, nonvascular surgery (Procrit and Epogen only):
• Hemoglobin >10 and ≤ 13 g/dL within 30 days prior to planned surgery date
• Member is at high risk for perioperative blood loss

Additional Criteria for off-label use† in Anemia due to Peg-interferon and Ribavirin treatment for Hepatitis C (Procrit and Epogen only):
• Hemoglobin of 8.5-10 g/dL within the last 2 weeks
• Member was unresponsive to Ribavirin dosage reduction (decrease daily ribavirin dose by 200mg)

Other off-label indications:
• Requests can be reviewed on a case-by-case basis with appropriate clinical literature to support safety and efficacy†

†Off-label use included based on peer-reviewed clinical studies
Non-Coverage: ESA’s are not currently recommended for treatment of anemia due to blood loss, folate, B-12 or iron deficiency, hemolysis, AML, CML or erythroid cancers, thalassemia, Castleman’s disease, aplastic anemia, sickle cell disease, Gaucher’s disease, or other conditions that are not supported by peer-reviewed medical literature.

Initial Approval:
• CKD on dialysis: 4 months to allow time for enrollment with Medicare Part B for dialysis coverage
• Perioperative: up to 21 days of therapy per surgery
• PEG/RBV for Hepatitis C: 8 weeks
• All other indications: 3 months

Renewals:
• 3 months
• Documentation Required:
  o Follow up iron studies showing member has adequate iron to support erythropoiesis
  o Hb < 11 g/dL within the last 2 weeks
  o For hepatitis C: treatment with PEG/RBV should be discontinued if Hb is <8.5 g/dL
  o ESAs for Dialysis patients – Medicare Part B: Epoetin and Aranesp are covered under the Medicare Part B benefit for the treatment of anemia associated with ESRD for all patients who are receiving dialysis. Refer orders to the Dialysis Center.

Additional Information:
WARNING: ESAs Increase the risk of death, myocardial infraction, stroke, venous thromboembolism, thrombosis of vascular access and tumor progression or recurrence. See full prescribing information for complete boxed warning.

Chronic Kidney Disease:
• In controlled trials, patients experienced greater risks for death, serious adverse cardiovascular reactions, and stroke when administered erythropoiesis-stimulating agents (ESAs) to target a hemoglobin level of greater than 11 g/dL
• No trial has identified a hemoglobin target level, ESA dose, or dosing strategy that does not increase these risks.
• Use the lowest dose sufficient to reduce the need for red blood cell (RBC) transfusions.

Perioperative:
• Due to increased risk of deep venous thrombosis (DVT), DVT prophylaxis is recommended

Evaluating Iron stores:
Aetna Clinical Policy Bulletin: Erythropoiesis Stimulating Agents:
http://www.aetna.com/cpb/medical/data/100_199/0195.html

Prior to initiation of therapy, the patient's iron stores, including transferrin saturation and serum ferritin, should be evaluated. According to the literature, transferrin saturation should be at least 20% and ferritin at least 100
ng/ml. In addition, since ferritin is an acute phase reactant, it may be falsely elevated (to the normal range) in iron deficient dialysis patients. Therefore, the best guide for iron supplementation in this group of patients is iron saturation greater than 20%.

**Normal Reference Range of Serum Iron and Serum Ferritin:**

- **Serum Iron:**
  - Children: 50 to 120 µg/dL
  - Men: 65 to 176 µg/dL
  - Newborns: 100 to 250 µg/dL
  - Women: 50 to 170 µg/dL

- **Serum Ferritin:**
  - Female: 12 to 150 ng/mL
  - Male: 12 to 300 ng/mL

**References:**


3. KDIGO Clinical Practice Guideline for anemia in Chronic Kidney Disease.


