GEORGIA MEDICAID FEE-FOR-SERVICE
EPOETIN PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epogen (epoetin alfa)</td>
<td>Aranesp (darbepoetin alfa)</td>
</tr>
<tr>
<td>Procrit (epoetin alfa)</td>
<td>Mircera (methoxy polyethylene glycol-epoetin beta)</td>
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<tr>
<td></td>
<td>Retacrit (epoetin alfa-epbx)</td>
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</tbody>
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LENGTH OF AUTHORIZATION: Varies

NOTES:

- If medication is being administered in a physician’s office, then the medication must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

PA CRITERIA:

**Epogen and Procrit**

- Approvable for members with one of the following diagnosis:
  - Anemia associated with chronic kidney disease (CKD) (including patients on dialysis and not on dialysis) who are treatment-naïve with a hemoglobin level of < 12 g/dL or treatment-experienced with a hemoglobin level of < 11 g/dL.
  - Anemia associated with zidovudine who are on doses of ≤ 4,200 mg/week with an endogenous erythropoietin level of ≤ 500 mU/ml.
  - Anemia in non-myeloid malignancies caused by myelosuppressive chemotherapy who are treatment-naïve with a hemoglobin level of < 12 g/dL or treatment-experienced with a hemoglobin level of < 11 g/dL.
  - 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 with a hemoglobin level of > 10 g/dL to ≤ 13 g/dL.
  - Anemia associated with myelodysplastic syndrome with an endogenous erythropoietin level of ≤ 500 mU/ml.
  - Anemia due to ribavirin in members who did not experience an improvement in hemoglobin level with ribavirin dose reduction and with a hemoglobin level of < 10 g/dL.

**Aranesp**

- Member must have an allergy to benzyl alcohol or albumin, or a history of intolerable side effects to the preferred products, Epogen and Procrit, that is not expected to occur with Aranesp

AND

Revised 1/1/2019
❖ One of the following approvable diagnoses:
  o Anemia associated with chronic kidney disease (CKD), including patients on dialysis and not on dialysis) who are treatment-naïve with a hemoglobin level of < 12 g/dL or treatment-experienced with a hemoglobin level of < 11 g/dL.
  o Anemia in non-myeloid malignancies caused by myelosuppressive chemotherapy who are treatment-naïve with a hemoglobin level of < 12 g/dL or treatment-experienced with a hemoglobin level of < 11 g/dL.
  o Anemia associated with myelodysplastic syndrome with an endogenous erythropoietin level of ≤ 500 mU/ml.
  o Anemia due to ribavirin in members who did not experience an improvement in hemoglobin level with ribavirin dose reduction and with a hemoglobin level of < 10 g/dL.

*Mircera*

❖ Member must have an allergy to benzyl alcohol or albumin, or inadequate response to Epogen or Procrit

*AND*

❖ One of the following approvable diagnoses:
  o Anemia associated with chronic kidney disease (CKD) in adult members on dialysis and not on dialysis who are treatment-naïve with a hemoglobin level of < 12 g/dL or treatment-experienced with a hemoglobin level of < 11 g/dL.
  o Pediatric members 5 to 17 years of age with CKD on hemodialysis who are converting after hemoglobin level was stabilized with an erythropoietin-stimulating agent (ESA).

*Retacrit*

❖ Member must have an allergy to benzyl alcohol or albumin

*AND*

❖ One of the following approvable diagnoses:
  o Anemia associated with chronic kidney disease (CKD) (including patients on dialysis and not on dialysis) who are treatment-naïve with a hemoglobin level of < 12 g/dL or treatment-experienced with a hemoglobin level of < 11 g/dL.
  o Anemia associated with zidovudine who are on doses of ≤ 4,200 mg/week with an endogenous erythropoietin level of ≤ 500 mU/ml.
  o Anemia in non-myeloid malignancies caused by myelosuppressive chemotherapy who are treatment-naïve with a hemoglobin level of < 12 g/dL or treatment-experienced with a hemoglobin level of < 11 g/dL.
  o 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 with a hemoglobin level of > 10 g/dl to ≤ 13 g/dl.
  o Anemia associated with myelodysplastic syndrome with an endogenous erythropoietin level of ≤ 500 mU/ml.
Anemia due to ribavirin in members who did not experience an improvement in hemoglobin level with ribavirin dose reduction and with a hemoglobin level of < 10 g/dL.

**EXCEPTIONS:**

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

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to [http://dch.georgia.gov/preferred-drug-lists](http://dch.georgia.gov/preferred-drug-lists).

**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.