



**GEORGIA MEDICAID FEE-FOR-SERVICE  
EPOETINPA SUMMARY**

Preferred	Non-Preferred
Epogen (epoetin alfa) Procrit (epoetin alfa)	Aranesp (darbepoetin alfa) Mircerla (methoxy polyethylene glycol-epoetin beta) Retacrit (epoetin alfa-epbx)

**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



- ❖ One of the following approvable diagnoses:
  - 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 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.
  - Anemia associated with myelodysplastic syndrome with an endogenous erythropoietin level of  $\leq 500$  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.

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:
  - 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
  - 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:
  - 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  $\leq 4,200$  mg/week with an endogenous erythropoietin level of  $\leq 500$  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  $\leq 13$  g/dl.
  - Anemia associated with myelodysplastic syndrome with an endogenous erythropoietin level of  $\leq 500$  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>.

**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.