



**GEORGIA MEDICAID FEE-FOR-SERVICE
ERYTHROPOIESIS STIMULATING PROTEINS PA SUMMARY**

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

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ If the medication is being administration in a physician’s office or clinic, please go to the Registered User portion of the Georgia Health Partnership website at www.mmis.georgia.gov/portal to request coverage from Physician Services.
- ❖ All agents require prior authorization (PA).

PA CRITERIA:

Epogen and Retacrit

- ❖ 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 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 ≤ 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).

Procrit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Epogen and Retacrit, are not appropriate for the member.

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 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.