

Date: 3/5/07

Partnership Advantage

Provider Notice: # PA0002

Subject: Authorization Requirement Effective 3/01/07

RE: Erythropoietin (Procrit, Epogen) and Aranesp (Darbepoetin)

Chronic Kidney Disease (CKD) in dialysis Centers – No authorization documentation must be submitted on the Clinical Justification Worksheet.

CKD – Erythropoietin not administered in dialysis center – Prior authorization required (TAR)

- Maintain Hgb/Hct between 11 and 13 g/dL (33% and 39%) based on a recent measurement within the last month or a rolling average for 37.5 or greater in the past 3 months.
- Appropriate indications for administering Epoetin alfa if the Hgb/Hct is >13/39 include:
 - Reduction of the dose by 25%
 - A dose of 1000 units or lessor
 - Co-Morbid conditions such as CHF/Pulmonary Disease

Oncology – Anemia associated with malignancy, chemotherapy or Myelodysplastic syndrome – Prior authorization required (TAR)

- For pts receiving cancer chemotherapy and for pts with low grade myelodysplasia not receiving chemotherapy – Hgb/Hct less than 12 g/dL (36%) within the previous month
- For pts with anemia associated with other hematologic malignancies in the absence of chemotherapy – trial and failure of conventional therapy for anemia
- Starting dosage – 150 U/kg three times a week

Elective, noncardiac, nonvascular surgery when patient is unable or unwilling to donate autologous blood – Prior authorization required (TAR)

- Hgb/Hct between 10 and 13 g/dL (30-39%) and pt is unwilling or unable to donate autologous blood; the recommended dose of recombinant human erythropoietin is 300 units/kg/day subcutaneously for 10 days prior to, on the day of, and for four days post-surgery. An alternate dose schedule is 600 units/kg of recombinant human erythropoietin subcutaneously in once-a-week doses (21, 14 and 7 days prior to surgery) plus a fourth dose given on the day of surgery

Anti-retroviral therapy for HIV infected patients – Prior authorization required (TAR)

- Case by case review. Co-morbid conditions.

- Hgb/Hct between 10 and 12 g/dL (30-36%) and a serum erythropoietin of less than 500 mU/ml.

Note – In all cases the cause of the anemia is not due to correctable/treatable factors such as:

- Iron deficiency (it is recognized that patients on EPO may still require supplemental iron therapy.)
- Underlying infectious or inflammatory processes
- Occult blood loss
- Underlying hematologic diseases (i.e., thalassemia)
- Vitamin deficiencies: (i.e., folic acid or vitamin B12)
- Hemolysis