



PHARMACY POLICY STATEMENT

Michigan Medicaid

DRUG NAME	Epoetin alfa (Epogen, Procrit, Retacrit)
BENEFIT TYPE	Medical or Pharmacy
STATUS	Prior Authorization Required

Epoetin alfa is an erythropoiesis-stimulating agent (ESA) indicated for: 1) Treatment of anemia due to a) chronic kidney disease (CKD) in patients on dialysis and not on dialysis, b) Zidovudine in patients with HIV-infection, c) the effects of concomitant myelosuppressive chemotherapy, or 2) Reduction of allogeneic red blood cell (RBC) transfusions in patients undergoing elective, noncardiac, nonvascular surgery. Retacrit (epoetin alfa-epbx) is a non-interchangeable biosimilar of the reference products Epogen and Procrit. Epoetin alfa stimulates erythropoiesis by the same mechanism as endogenous erythropoietin to stimulate RBC production.

ESAs are the standard of care for treating anemia in CKD (especially in dialysis patients), reducing the need for blood transfusions. Typically, increased hemoglobin levels are not observed earlier than 2 weeks after treatment initiation. A boxed warning states ESAs increase the risk of death, myocardial infarction, stroke, venous thromboembolism, thrombosis of vascular access, and tumor progression or recurrence. The lowest sufficient dose should be used.

Epoetin alfa will be considered for coverage when the following criteria are met:

Anemia

For **initial** authorization:

1. Medication must be prescribed by or in consultation with hematologist/oncologist, nephrologist, immunologist, or infectious disease specialist; AND
2. Member meets one of the following:
 - a) At least 1 month of age with a diagnosis of anemia due to chronic kidney disease (CKD)
 - b) At least 8 months of age with a diagnosis of anemia due to zidovudine being used at a dose of 4200 mg/week or less to treat HIV with an endogenous serum erythropoietin level of ≤ 500 mUnits/mL; AND
3. Member's labs show adequate iron stores with both of the following:
 - a) Transferrin saturation is at least 20%
 - b) Ferritin is at least 100 mcg/L; AND
4. Member's labs show hemoglobin ≤ 10 g/dL within the last 30 days; AND
5. Member does NOT have uncontrolled hypertension.
6. **Dosage allowed/Quantity limit:** Recommended starting doses--
Adults with CKD: 50 to 100 units/kg 3 times weekly IV or subQ
Pediatrics with CKD (1 month to 18 years of age): 50 units/kg 3 times weekly IV or subQ
HIV patients on zidovudine (adults): 100 units/kg IV or subQ 3 times per week



HIV patients on zidovudine (pediatrics 8 months and older—OFF LABEL): 50 to 400 units/kg IV or subQ, 2 to 3 times per week

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Labs must show stabilized or increased hemoglobin level compared to baseline, not to exceed 11.5 g/dL (12 g/dL for pediatrics or zidovudine patients); AND
2. Red blood cell transfusions are not required or the number of transfusions has decreased compared to baseline; AND
3. Member has adequate iron stores or is on iron therapy; AND
4. Member has not developed pure red cell aplasia (PRCA).

If all the above requirements are met, the medication will be approved for an additional 12 months.

Surgery

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Epoetin is being prescribed to reduce allogeneic RBC transfusions in a member undergoing elective, noncardiac, nonvascular surgery; AND
3. Member is at high risk for perioperative blood loss; AND
4. Member's perioperative hemoglobin level is from 10 to 13 g/dL; AND
5. Member's labs show adequate iron stores with both of the following:
 - a) Transferrin saturation is at least 20%
 - b) Ferritin is at least 100 mcg/L; AND
6. Member does NOT have uncontrolled hypertension.
7. **Dosage allowed/Quantity limit:** 300 Units/kg per day subcutaneously for 15 days total: administered daily for 10 days before surgery, on the day of surgery, and for 4 days after surgery, OR 600 Units/kg subcutaneously in 4 doses administered 21, 14, and 7 days before surgery and on the day of surgery.

If all the above requirements are met, the medication will be approved for 30 days.

For **reauthorization**:

1. Epoetin will not be reauthorized for this indication.

Anemia Due to Chemotherapy in Patients with Cancer

Any request for cancer must be submitted through [NantHealth/Eviti](#) portal.



HAP CareSource considers epoetin alfa not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
09/28/2022	New policy for epoetin alfa created; combined policies for Epogen, Procrit, Retacrit.
03/19/2025	Updated references. Increased renewal duration from 6 months to 12 months for anemia indications.

References:

1. Epogen [prescribing information]. Amgen Inc.; 2024.
2. Procrit [prescribing information]. Amgen Inc.; 2024.
3. Retacrit [prescribing information]. Hospira, Inc., a Pfizer Company; 2024.
4. Singh AK, Szczech L, Tang KL, et al. Correction of anemia with epoetin alfa in chronic kidney disease. *N Engl J Med*. 2006;355(20):2085-2098. doi:10.1056/NEJMoa065485
5. Klinger AS, Foley RN, Goldfarb DS, et al. KDOQI US commentary on the 2012 KDIGO Clinical Practice Guideline for Anemia in CKD. *Am J Kidney Dis*. 2013;62(5):849-859. doi:10.1053/j.ajkd.2013.06.008
6. Chung EY, Palmer SC, Saglimbene VM, Craig JC, Tonelli M, Strippoli GF. Erythropoiesis-stimulating agents for anaemia in adults with chronic kidney disease: a network meta-analysis. *Cochrane Database Syst Rev*. 2023;2(2):CD010590. Published 2023 Feb 13. doi:10.1002/14651858.CD010590.pub3

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