CareSource

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Procrit (epoetin alfa)
BILLING CODE	For Medical - J0885 (Non-ESRD) For Pharmacy - Must use valid NDC code
BENEFIT TYPE	Medical or Pharmacy
SITE OF SERVICE ALLOWED	Office/Home/Freestanding facility or clinic
COVERAGE REQUIREMENTS	Prior Authorization Required (Preferred Product) QUANTITY LIMIT— vary per diagnosis
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Procrit (epoetin alfa) is a **preferred** product and will only be considered for coverage under the **medical or pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

ANEMIA

For **initial** authorization:

1. Member has documented diagnosis of anemia due to **one** of the following:
   a) Myelodysplastic syndrome;
   b) Chronic Kidney Disease (GFR below 60 mL/min/1.73 m2);
   c) Concomitant Zidovudine treatment in member with HIV-infection;
   d) The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy; AND
2. **Dosage allowed:** Members with CKD - 50 to 100 Units/kg 3 times weekly (adults) as initial dose and 50 Units/kg 3 times weekly (pediatric patients). Individualize maintenance dose. Intravenous route recommended for members on hemodialysis. Members on Zidovudine due to HIV-infection -100 Units/kg 3 times weekly. Members with cancer - 40,000 Units weekly or 150 Units/kg 3 times weekly (adults); 600 Units/kg intravenously weekly (pediatric patients ≥ 5 years).

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member is in compliance will all initial criteria

If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

REDUCTION OF ALLOGENEIC RBC TRANSFUSIONS

For **initial** authorization:

1. Medication is being used for reduction of allogeneic RBC transfusions in member undergoing elective, non-cardiac, nonvascular high-risk surgery at increased risk of or intolerant to transfusions; AND
2. **Dosage allowed:** 300 Units/kg per day daily for 15 days or 600 Units/kg weekly.

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If member meets all the requirements listed above, the medication will be approved for 3 months.

For **reauthorization**:
1. Medication will not be reauthorized.

CareSource considers Procrit (epoetin alfa) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- In members with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy
- In members with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure
- In members with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion
- In members scheduled for surgery who are willing to donate autologous blood
- In members undergoing cardiac or vascular surgery
- As a substitute for RBC transfusions in patients who require immediate correction of anemia

DATE	ACTION/DESCRIPTION
10/04/2018	New policy for Procrit created. Hemoglobin requirement expanded. Endogenous serum erythropoietin level requirement removed.
11/18/2021	Removed iron status requirement, supplemental iron therapy requirement, and hemoglobin labs. Revised reauthorization criteria

References:

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