# PROCRIT (erythropoietin)

## Plan Limitations:
- Applies to all Blue Shield of California Medicare Part D plans

## Diagnoses Considered for Coverage:
- All FDA-approved indications not otherwise excluded from Part D
- Anemia due to Multiple Myeloma (MM)
- Anemia due to Myelodysplastic Syndrome (MDS)
- Anemia due to ribavirin therapy
- Anemia associated with rheumatoid arthritis

## Coverage Criteria:

1. **Anemia due to Chronic Renal Failure (CRF) or End Stage Renal Disease (ESRD):**
   - **Initial authorization:**
     - Patient is not on hemodialysis, AND
     - Dose does not exceed FDA label maximum for the diagnosis.
   - **Reauthorization:**
     - Patient is not on hemodialysis, AND
     - Hgb ≤ 12 g/dl or Hct ≤ 36%, AND
     - Dose does not exceed FDA label maximum for the diagnosis.

2. **Anemia due to cancer/myelosuppressive chemotherapy:**
   - **Initial authorization:**
     - Patient is using Procrit concurrently with chemotherapy OR final dose of myelosuppressive chemotherapy was given within the last 8 weeks, AND
     - Diagnosis is a solid organ tumor, lymphoma or lymphocytic leukemia, AND
     - Hgb < 10g/dl or Hct < 30%, AND
     - Patient does not have uncontrolled hypertension, AND
     - Dose does not exceed FDA label maximum for the diagnosis.
   - **Reauthorization:**
     - Patient is using Procrit concurrently with chemotherapy OR final dose of myelosuppressive chemotherapy was given within the last 8 weeks, AND
     - Current Hgb ≤ 12g/dl or Hct ≤ 36% within the last 21 days, AND
     - Dose does not exceed FDA label maximum for the diagnosis.

3. **Anemia due to Multiple Myeloma:**
   - **Initial authorization:**
     - Patient is using Procrit concurrently with chemotherapy OR final dose of myelosuppressive chemotherapy was given within the last 8 weeks OR is currently on Revlimid therapy, AND
     - Hgb < 10g/dl or Hct < 30%, AND
     - Patient does not have uncontrolled HTN, AND
     - Dose does not exceed FDA label maximum for the diagnosis.
   - **Reauthorization:**
     - Patient is using Procrit concurrently with chemotherapy OR final dose of
myelosuppressive chemotherapy was given within the last 8 weeks OR patient is scheduled for upcoming myelosuppressive chemotherapy OR patient is currently on Revlimid therapy, AND
- Current Hgb ≤ 12g/dl or Hct ≤ 36% within the last 21 days, AND
- Dose does not exceed FDA label maximum for the diagnosis.

4) Anemia due to Myelodysplastic Syndrome (MDS):

**Initial authorization:**
- Patient has symptomatic anemia, AND
- EPO level ≤ 500U/ml, AND
- Dose does not exceed FDA label maximum for the diagnosis.

**Reauthorization after 3 months:**
- Current Hgb ≤ 12 g/dl or Hct ≤ 36%, AND
- There is a ≥ 1.5 g/dl increase in Hgb OR there is a reduction in frequency of blood transfusions compared to baseline, AND
- Dose does not exceed FDA label maximum for the diagnosis.

**Reauthorization after 6 months:**
- Current Hgb ≤ 12 g/dl or Hct ≤ 36%, AND
- Patient maintains a stable Hgb OR there is a reduction in the frequency of blood transfusions compared to baseline, AND
- Dose does not exceed FDA label maximum for the diagnosis.

5) Anemia caused by HIV-treatment:
- Patient is currently on HIV-related treatment, AND
- Hgb ≤ 10g/dl or Hct ≤ 30%, AND
- Dose does not exceed FDA label maximum for the diagnosis.

6) Preoperative anemia:
- Hgb ≤ 13g/dl, AND
- Patient is scheduled for elective surgery, AND
- Patient is at risk for peri-operative transfusions with significant, anticipated blood loss, AND
- Dose does not exceed FDA label maximum for the diagnosis.

7) Anemia caused by ribavirin treatment:
- Patient had a ≥ 3g/dl drop in Hgb in 1 month OR Hgb < 12g/dl or Hct ≤ 36%, AND
- Dose does not exceed FDA label maximum for the diagnosis.

8) Anemia associated with Rheumatoid Arthritis (RA):

**Initial authorization:**
- Anemia is NOT caused by a correctable etiology, AND
- Hgb is ≤ 10g/dl or Hct is ≤ 30% within the past 21 days, AND
- Dose does not exceed FDA label maximum for the diagnosis.

**Reauthorization:**
- There is a ≥ 4 point rise in Hct in the 6 months after the start of EPO therapy, AND
- Hgb is < 12g/dl or Hct is ≤ 36%, AND
- Dose does not exceed FDA label maximum for the diagnosis.
Coverage Duration:
- Minimum: 3 months - not to exceed 8 weeks after last dose of chemotherapy if applicable.
- Maximum: Annual

Updated 01/2013