



## Missouri Pharmacy Program – Preferred Drug List



### ***Hematopoietic Agents***

***Effective 08/01/2006***

**Revised 07/02/2009**

#### **Preferred Agents**

- Aranesp®
- Epogen®

#### **Non-Preferred Agents**

- Procrit®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
See Attachment	See Attachment
	Drug Prior Authorization Hotline: (800) 392-8030.

## Approval Criteria

<b>Approval Diagnoses</b>				
<b>Condition</b>	<b>Submitted ICD-9 Diagnoses*</b>	<b>Inferred Drugs</b>	<b>History Date Range</b>	<b>Client Approval (initials)</b>
<b>(Epoetin &amp; Darbepoetin)</b>				
Anemia of chronic renal failure	CRF	N/A	365 days	
Anemia with chemotherapy	Non-myeloid cancers	--	365 days	
	--	Chemotherapy agents	30 days	
<b>(Epoetin Only)</b>				
Anemia with zidovudine-treated HIV	HIV	Zidovudine	30 days	
Elective surgery**	Non-cardiac, nonvascular	--	--	
Allogenic blood transfusion in surgery patients	Non-cardiac, nonvascular	--	--	

\*Please refer to Appendix \*\*Call center (no ICD-9 codes submitted yet due to future date for surgery)

\*\*\*Other approval diagnoses subject to clinical review

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

## Denial Criteria

- Therapy will be denied if no approval criteria are met
- Darbepoetin use for conditions other than anemia associated with chronic renal failure or chemotherapy of non-myeloid cancers (unapproved indications)
- Absence of approval diagnoses or procedure codes
- Use in patients with uncontrolled hypertension or other contraindications
- Absence of lab values indicating probable response to therapy:
  - Transferrin sat  $\geq 20\%$  (assure adequate iron stores to support erythropoiesis)
  - Ferritin  $\geq 100$  ng/mL (assure adequate iron stores to support erythropoiesis)
  - Hct  $< 30\%$  for chronic renal failure patients not receiving dialysis (initial therapy)

- Endogenous serum erythropoietin <500 mUnits/mL for HIV patients (higher levels unlikely to respond to therapy)
- Hct >36% or Hgb ≥12 g/dL in patients receiving continuing therapy (risk for adverse events)
- Patients not responding to usual doses of therapy; prescriber to rule out causes for delayed / diminished response before continuing therapy, including:
  - Iron deficiency
  - Underlying infectious, inflammatory, or malignant processes
  - Occult blood loss
  - Underlying hematologic diseases
  - Folic acid or vitamin B12 deficiency
  - Hemolysis
  - Aluminum intoxication
  - Osteitis fibrosa cystica

## Appendix

ICD-9 Diagnosis Code Definitions	
Condition	Codes
Non-myeloid cancer	140.xx – 239.xx (excluding 205.xx [myeloid leukemia])
Chronic renal failure	585.xx
HIV	042.xx, 795.71, 079.53, V08