Missouri Pharmacy Program – Preferred Drug List

Erythropoiesis Stimulating Agents

Effective 10/04/2018
Revised 10/03/2019

Preferred Agents

- Aranesp®
- Epogen®
- Procrit®

Non-Preferred Agents

- Mircera®
- Retacrit®

Approval Criteria

- 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
- Appropriate diagnosis (Appendix A)
- Appropriate participant age
  - Mircera: ≥18 years old
  - Aranesp, Epogen, Procrit: > 1 month old
- Clinical Consultant Review

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required agents
- 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
- Drug Prior Authorization Hotline: (800) 392-8030
<table>
<thead>
<tr>
<th>Condition</th>
<th>Submitted Diagnoses*</th>
<th>Inferred Drugs</th>
<th>History Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Epoetin, Darbepoetin, PEG-Epoetin-Beta)</em></td>
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<td></td>
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<tr>
<td>Anemia of chronic renal failure</td>
<td>CRF</td>
<td>N/A</td>
<td>365 days</td>
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<tr>
<td><em>(Epoetin, Darbepoetin)</em></td>
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<tr>
<td>Anemia with chemotherapy</td>
<td>Non-myeloid cancers</td>
<td>--</td>
<td>365 days</td>
</tr>
<tr>
<td></td>
<td>--</td>
<td>Chemotherapy agents</td>
<td>30 days</td>
</tr>
<tr>
<td><em>(Epoetin Only)</em></td>
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<td></td>
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<tr>
<td>Anemia with zidovudine-treated HIV</td>
<td>HIV</td>
<td>Zidovudine</td>
<td>30 days</td>
</tr>
<tr>
<td>Reduction of allogenic blood transfusion in surgery patients</td>
<td>Non-cardiac, nonvascular</td>
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*Other approval diagnoses subject to clinical review*