Medicare Part D – 2012

Prior Authorization Group Description

ARANESP

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D. Myelodysplastic syndrome.

Exclusion Criteria:

Required Medical Information:

For all indications: Documentation of adequate iron stores drawn within 60 days of the request must be submitted prior to initiation of therapy (transferrin saturation should be at least 20% and ferritin at least 100 ng/ml)

FOR NEW STARTS:

Hemoglobin (Hgb) value prior to initiation of therapy is less than 10 g/dL

- For anemia of chronic renal failure (CRF)
- Chemotherapy-induced anemia in patients with non-myeloid malignancies:

Hgb is less than 11 g/dL prior to initiation of therapy

- Myelodysplastic syndrome (MDS) with erythropoietin is less than or equal to 500 mUnits/mL and risk category low or INT-1 (IPSS score 0 to 1).

FOR MAINTENANCE REQUESTS:

Dose must be reduced or interrupted if the Hgb level approaches or exceeds 10 g/dL.

- Patient with CKD NOT on dialysis,

Dose must be reduced or interrupted if the Hgb level approaches or exceeds 11 g/dL.

- Myelodysplastic syndrome

Dose must be reduced or interrupted if the Hgb level approaches or exceeds 12 g/dL.

- Patients with Chemotherapy-induced anemia

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Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of benefit

Other Criteria;

Failure or clinically significant adverse effects to Procrit.