

**Medicare Part D – 2015****Prior Authorization Group Description**

ARANESP

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D. Anemia-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) AND FOR NEW STARTS: For anemia of chronic kidney disease (CKD) or chemotherapy-induced anemia in patients with non-myeloid malignancies: Hemoglobin (Hgb) value prior to initiation of therapy is less than 10 g/dL. For myelodysplastic syndrome (MDS): Hgb value prior to initiation of therapy is less than 11 g/dL with erythropoietin less than 500 mU/mL. FOR MAINTENANCE REQUESTS: CKD: Dose must be reduced or interrupted if the Hgb level approaches or exceeds 10 g/dL (11 g/dL if on dialysis). Chemotherapy-induced anemia: Dose must be reduced or interrupted if the Hgb level increases greater than 1 g/dL in any 2-week period or if Hgb reaches a level needed to avoid RBC transfusion. MDS: Dose must be reduced or interrupted if the Hgb level approaches or exceeds 12 g/dL.

**Age Restrictions:****Prescriber Restrictions:****Coverage Duration:**

Length of benefit.

**Other Criteria:**

Failure or clinically significant adverse effects to Procrit.