### ARANESP (DARBEPOETIN)

**Products Affected**
- ARANESP

<table>
<thead>
<tr>
<th>PA Criteria</th>
<th>Criteria Details</th>
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| **Covered Uses**   | *Indicated for the treatment of anemia due to:  
*Chronic Kidney Disease (CKD) in patients on dialysis and patients not on dialysis.  
*Zidovudine in patients with HIV-infection.  
*Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery  
*The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.  
*Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery.  
*If approved, Procrit must be used. Aranesp, Epogen, or Mircera will only be approved if patient is intolerant to Procrit. |
| **Exclusion Criteria** | *Uncontrolled hypertension. |
| **Required Medical Information** | *Must be clinically diagnosed with anemia secondary to a covered "accepted" condition and have symptomatic anemia, significant comorbidity, such as severe COPD or cardiac disease, or are transfusion dependent.  
*Must have a hematocrit less than 30% or a hemoglobin level less than 10gm/dl prior to starting therapy.  
OR  
*Must have clinically documented anemia due to concomitant myelosuppressive chemotherapy for metastatic non-myeloid malignancy.  
OR  
*Must have clinically documented HIV infection and anemia due to zidovudine.  
OR  
*Must have clinically documented myelodysplasia or myelodysplastic syndrome.  
OR  
*Must have Hepatitis C and treatment induced anemia. |

| Age Restrictions | *N/A |

The criteria listed above applies to Fallon Health Plan and its subsidiaries.

Fallon Health Department of Pharmacy Services
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<tr>
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<tbody>
<tr>
<td>Prescriber</td>
<td>*N/A</td>
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<tr>
<td>Restrictions</td>
<td></td>
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<tr>
<td>Coverage Duration</td>
<td>*1 year</td>
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| Other Criteria   | *Criteria for continuation of therapy:  
*Patient tolerating treatment.  
*Patient has disease stabilization or improvement in disease (as defined by standard parameters for the patient’s condition).  
*Must have Hematocrit below 36% or Hemoglobin below 12g/dl. (Individuals with higher HCT or Hgb levels must have a parameter for ESA dosage hold/reduction and follow up lab values.)  
*Adopted: 09/10/08  
*Revised: 10/11/13, 3/8/18  
*Reviewed: 4/11/18 updated criteria for use, cautions, continuation of therapy, removed REMs requirement from criteria |