Reference number(s)
4956-D

This document applies to the following

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☑
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☑
Aetna Individual Lives (IVL)	☑
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Anemia

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Marketplace (MF), Aetna Individual Lives (IVL), and Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE).

Plan Design Summary

This program applies to the anemia products specified in this document. Coverage for the targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Anemia Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• Aranesp (darbepoetin alfa) • Mircera (methoxy polyethylene glycol-epoetin beta) • Retacrit (epoetin alfa-epbx)

	Product(s)
Target	• Epogen (epoetin alfa) • Jesduvroq (daprodustat) • Procrit (epoetin alfa)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

Anemia Due to Chronic Kidney Disease (CKD)

Epogen or Procrit

Coverage for Epogen or Procrit is provided when both of the following criteria are met:

- Member has a documented inadequate response or intolerable adverse event with both of the preferred products, Aranesp and Mircera.
- Member has had a documented intolerable adverse event to the preferred product Retacrit, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar product).

Jesduvroq

Coverage for Jesduvroq is provided when either of the following criteria is met:

- Member is new to therapy with Jesduvroq and has a pretreatment hemoglobin (Hgb) level greater than or equal to 10 g/dL.
- Member has a documented inadequate response or intolerable adverse event to all of the preferred products: Aranesp, Mircera and Retacrit.

Anemia Due to Myelosuppressive Chemotherapy in Cancer

Coverage for Epogen or Procrit is provided when all of the following criteria are met:

- Member has a documented inadequate response or intolerable adverse event to the preferred product, Aranesp.
- Member has had a documented intolerable adverse event to the preferred product Retacrit, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar product).

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Anemia Due to Zidovudine in Patients with Human Immunodeficiency Virus (HIV) Infection and To Reduce Need for Allogeneic Red Blood Cell (RBC) Transfusions

Coverage for Epogen or Procrit is provided when the member has had a documented intolerable adverse event to the preferred product Retacrit, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar product).

References

1. Aranesp [package insert]. Thousand Oaks, CA: Amgen Inc.; April 2024.
2. Epogen [package insert]. Thousand Oaks, CA: Amgen Inc.; April 2024.
3. Jesduvroq [package insert]. Durham, NC: GlaxoSmithKline; August 2023.
4. Mircera [package insert]. St. Gallen, Switzerland: Vifor (International) Inc.; June 2024.
5. Procrit [package insert]. Horsham, PA: Janssen Products, LP; July 2018.
6. Retacrit [package insert]. New York, NY: Pfizer Labs; June 2024.