

Prioritized List Guideline Note



Extracted from the February 1, 2021 Prioritized List

GUIDELINE NOTE 7, ERYTHROPOIESIS-STIMULATING AGENT (ESA) GUIDELINE

Lines 12, 59, 92, 94, 111-115, 125, 133, 135, 157, 158, 161, 163, 179, 191, 199, 200, 208, 210, 214, 215, 217, 229, 234, 237, 238, 258-262, 271, 276, 286-288, 294, 295, 314-316, 329, 396, 397, 401, 420, 434, 558, 592

A) Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy given within the previous 8 weeks or in the setting of myelodysplasia.

1) Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, ESAs should be discontinued once the hemoglobin level reaches 10, unless a lower hemoglobin level is sufficient to avoid the need for red blood cell (RBC) transfusion.

B) Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.

1) An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.

2) Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, the lowest ESA dose sufficient to reduce the need for RBC transfusions should be used, and the Hgb should not exceed 11gm/dl.

C) Indicated for anemia (Hgb < 10 gm/dl or HCT <30%) associated with chronic renal failure, with or without dialysis.

1) Reassessment should be made after 12 weeks. If no response, treatment should be discontinued. If response is demonstrated, the lowest ESA dose sufficient to reduce the need for RBC transfusions should be used, and the Hgb should not exceed 11gm/dl. In those not on dialysis, the Hgb level should not exceed 10gm/dl.

<https://www.oregon.gov/oha/HPA/DSI-HERC/PrioritizedList/2-1-2021%20Prioritized%20List%20of%20Health%20Services.pdf>