

<b>Policy Title:</b>	Erythropoiesis stimulating agents: Retacrit (epoetin alfa), Epogen (epoetin alfa), Procrit(epoetin alfa), Aranesp (darbepoetin alfa), Mircera (methoxy polyethylene glycol-epoetin beta) <b>NON-ONCOLOGY POLICY</b>		
		<b>Department:</b>	PHA
<b>Effective Date:</b>	01/01/2020		
<b>Review Date:</b>	12/18/19, 1/29/20, 8/3/2020		
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**Purpose:** To support safe, effective and appropriate use of Erythropoiesis stimulating agents.

**Scope:** Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

**Policy Statement:**

Erythropoiesis stimulating agents are covered under the Medical Benefit when used within the following guidelines for non-oncology indications. Use outside of these guidelines may result in non-payment unless approved under an exception process. **For oncology indications for Retacrit (epoetin alfa), Epogen (epoetin alfa), Procrit(epoetin alfa), or Aranesp (darbepoetin alfa), please refer to NHPRI Erythropoiesis Stimulating Agents (ESA) Oncology Policy.**

**Procedure:**

Coverage of Erythropoiesis stimulating agents will be reviewed prospectively via the prior authorization process based on criteria below.

**Initial Criteria:**

**Retacrit (epoetin alfa), Epogen (epoetin alfa), Procrit(epoetin alfa):**

- Patient must have one of the following indications:
  - Anemia due to chronic kidney disease (CKD), including patients on dialysis and not on dialysis with pretreatment hemoglobin < 10 g/dL; OR
  - Anemia due to zidovudine in patients with HIV-infection with pretreatment hemoglobin < 10 g/dL; OR
  - Reduction of Allogeneic Red Blood Cell Transfusion in Patients Undergoing Elective, Non-cardiac, Nonvascular Surgery and patients are scheduled to have an elective, non-cardiac, nonvascular surgery when the pretreatment hemoglobin is > 10 to ≤ 13 g/dL; OR
  - Anemia in congestive heart failure (CHF) with pretreatment hemoglobin < 9 g/dL; OR
  - Anemia in rheumatoid arthritis (RA) with pretreatment hemoglobin < 10 g/dL; OR
  - Anemia due to hepatitis C treatment in patients with pretreatment hemoglobin < 10 g/dL who are receiving ribavirin in combination with either interferon alfa or peginterferon alfa; OR

- Anemia in patients whose religious beliefs forbid blood transfusions with pretreatment hemoglobin < 10 g/dL; OR
- For patients requesting Epogen (epoetin alfa) or Procrit (epoetin alfa) they must have a documented intolerable adverse event to Retacrit (epoetin alfa), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information; OR
- For patients that are currently on treatment with Epogen (epoetin alfa) or Procrit (epoetin alfa) they can remain on treatment OR MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements

**Aranesp (darbepoetin alfa):**

- Patient must have one of the following indications:
  - Anemia in patients with CKD with pretreatment hemoglobin < 10 g/dL; OR
  - Anemia in patients whose religious beliefs forbid blood transfusions with pretreatment hemoglobin < 10 g/dL; AND
- For patients requesting Aranesp (darbepoetin alfa) they must have a documented intolerable adverse event to Retacrit (epoetin alfa), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information; OR
- For patients that are currently on treatment with Aranesp (darbepoetin alfa) they can remain on treatment OR MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements

**Mircera (methoxy polyethylene glycol-epoetin beta):**

- Patient must have anemia in patients with CKD with pretreatment hemoglobin < 10 g/dL; AND
- For patients requesting Mircera (methoxy polyethylene glycol-epoetin beta) they must have a documented intolerable adverse event to Retacrit (epoetin alfa), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information; OR
- For patients that are currently on treatment with Mircera (methoxy polyethylene glycol-epoetin beta) they can remain on treatment OR MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements

**Renewal Coverage (Retacrit (epoetin alfa), Epogen (epoetin alfa), Procrit(epoetin alfa), Aranesp (darbepoetin alfa)Mircera (methoxy polyethylene glycol-epoetin beta):**

**For all indications below:** all members (including new members) requesting authorization for continuation of therapy after at least 12 weeks of ESA treatment must show a response with a rise in hemoglobin of  $\geq 1$  g/dL. Members who completed less than 12 weeks of ESA treatment and have not yet responded with a rise in hemoglobin of  $\geq 1$  g/dL may be granted authorization of up to 12 weeks to allow sufficient time to demonstrate a response.

- Anemia due to CKD and the current hemoglobin is  $\leq 12$  g/dL;
- Anemia due to zidovudine in patients with HIV-infection with current hemoglobin  $\leq 12$  g/dL;
- Anemia in CHF or RA and current hemoglobin is  $\leq 12$  g/dL;
- Anemia due to Hepatitis C treatment and patient meets all of the following criteria:
  - The member is receiving ribavirin in combination with either interferon alfa or peginterferon alfa
  - The current hemoglobin is  $\leq 12$  g/dL
- Anemia in patients whose religious beliefs forbid blood transfusions and current hemoglobin is  $\leq 12$  g/dL

**Dosage and Administration:**

**Retacrit (epoetin alfa), Epogen (epoetin alfa), Procrit(epoetin alfa)**

Indication	Dose
Anemia due to CKD	<ul style="list-style-type: none"> <li>• Adults: 50-100 units/kg intravenously or subcutaneously three times weekly</li> <li>• Pediatric patients: 50 units/kg intravenously or subcutaneously three times weekly</li> </ul>
Anemia due to HIV on zidovudine	<ul style="list-style-type: none"> <li>• 100 units/kg three times weekly</li> <li>• May titrate up to 300 units/kg</li> </ul>
Perioperative use	<ul style="list-style-type: none"> <li>• 300 units/kg/day subcutaneously for 10 days before surgery, on the day of surgery, and for 4 days after surgery (15 days total)</li> <li>• 600 units/kg/dose subcutaneously on days 21, 14, and 7 before surgery plus 1 dose on the day of surgery (4 total doses)</li> </ul>
All other indications	Dosing varies; generally up to 150 units/kg intravenously or subcutaneously three times weekly

**Dosage and Administration:**

**Aranesp (darbepoetin alfa)**

Indication	Dose
Anemia due to CKD-Not on dialysis	<u>Adults</u> <ul style="list-style-type: none"> <li>• Initiate at 0.45 mcg/kg intravenously or subcutaneously every 28 days</li> </ul> <u>Pediatric patients</u> <ul style="list-style-type: none"> <li>• Initiate at 0.45 mcg/kg intravenously or subcutaneously every 7 days or 0.75 mcg/kg every 14 days</li> </ul>
Most common weekly dose	<ul style="list-style-type: none"> <li>• Up to 200 mcg</li> </ul>
Most common every 2 week dose	<ul style="list-style-type: none"> <li>• Up to 300 mcg</li> </ul>
Most common every 3 week dose	<ul style="list-style-type: none"> <li>• Up to 500 mcg</li> </ul>

**Mircera (methoxy polyethylene glycol-epoetin beta):**

Indication	Dose
Anemia due to CKD-Not on dialysis	<ul style="list-style-type: none"> <li>Starting dose: 0.6 mcg/kg IV or SC once every 2 weeks</li> <li>Maintenance dose: Once monthly dosing at twice the every-two-week dose once Hb has been stabilized. Most commonly 120 to 360 mcg every 4 weeks</li> </ul>

**Billable Units:**

Drug	Billable unit
Epogen/Procrit (non-ESRD use)	1000 IU = 1 billable unit
Retacrit (non-ESRD use)	1000 IU = 1 billable unit
Aranesp (non-ESRD use)	1mcg = 1 billable unit
Mircera (non-ESRD use)	1mcg = 1 billable unit

**Coverage durations:** 12 weeks

\*\*\* Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable. \*\*\*

**Investigational use:** All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

**Applicable Codes:**

Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

HCPCS/CPT Code	Description
Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use ), 1000 units
J0885	Injection, epoetin alfa, (for non-esrd use ), 1000 units

J0881	Injection, darbepoetin alfa, 1 mcg (non-esrd use)
J0888	Injection, epoetin alfa, 1mcg (non-esrd use)

**Note: The following HCPCS codes Q5105, Q4081 & J0882 & J0887 are NOT covered under this policy, but are covered under the dialysis bundle.**

References:

1. Aranesp package insert. Thousand Oaks, CA; Amgen, Inc; January 2019.
2. Epogen package insert. Thousand Oaks, CA: Amgen Inc.; July 2018.
3. Procrit package insert. Horsham, PA: Janssen Products, LP; July 2018.
4. Retacrit package insert. New York, NY: Hospira, Inc; January 2019.
5. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed September 19, 2018.
6. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed September 19, 2018.
7. Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. KDIGO Clinical Practice Guideline for Anemia in Chronic Kidney Disease. *Kidney Int.* 2012;Suppl 2:279-335.
8. National Kidney Foundation. KDOQI Clinical Practice Guideline and Clinical Practice Recommendations for Anemia in Chronic Kidney Disease: 2007 Update of Hemoglobin Target. [http://www2.kidney.org/professionals/KDOQI/guidelines\\_anemiaUP/](http://www2.kidney.org/professionals/KDOQI/guidelines_anemiaUP/). Accessed September 19, 2018.
9. Qaseem A, Humphrey LL, Fitterman N, Starkey M, Shekelle P, for the Clinical Guidelines Committee of the American College of Physicians. Treatment of Anemia in Patients with Heart Disease: A Clinical
10. Cervantes F, Alvarez-Larran A, Hernandez-Boluda JC, et al. Erythropoietin treatment of the anemia of myelofibrosis with myeloid metaplasia: results in 20 patients and review of the literature. *Br J Haematol.* 2004;127(4):399-403.