Medicare Advantage Medical Benefit Drug Policy

Medical benefit drug policies are a source for Blue Cross and Blue Shield of Nebraska Medicare Advantage medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 06/09/2022

Erythropoiesis Stimulating Agents

Aranesp® (darbepoetin)
Epogen® (epoetin)
Mircera® (methoxy polyethylene glycol-epoetin beta)
Procrit® (epoetin)
Retacrit® (epoetin zeta)

HCPCS: Multiple

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved indications
   b. Trial and failure, contraindication, OR intolerance to a preferred drug as listed in the BCBSNE Part B drugs prior authorization list

Note: This policy pertains to Medicare Part B only

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: One year at a time
   c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information

- Endogenous erythropoietin (EPO) is a glycoprotein hematopoietic growth factor synthesized near the renal tubules in response to changes in the blood oxygen concentration. EPO acts upon the erythroid cell line in the bone marrow to stimulate hematopoiesis, thereby effectively increasing blood hemoglobin concentrations. Suppression of erythropoietin production or suppression of the bone marrow response to erythropoietin results in anemia in several disease processes, including chronic kidney disease (CKD), many types of cancer treatment, other chronic diseases,

and use of certain drugs. The severity of anemia is defined by blood hemoglobin concentration. Normal ranges are 12 – 16 g/dL in women and 14 – 18 g/dL in men. Mild anemia is defined as hemoglobin from 10 g/dL to the lower limit of normal ranges, while moderate anemia is 8 - 10 g/dL. Severe anemia is defined as a hemoglobin of 8 g/dL or below.

- Erythropoiesis-stimulating agents (ESAs) were initially developed as replacement therapy to treat anemia due to endogenous erythropoietin deficiency that commonly occurs in CKD. Patients with renal failure associated with CKD will become severely anemic, experience severe fatigue, and reduced exercise tolerance unless treated with blood transfusions or an ESA. Partial correction of anemia with ESA treatment results in reduced need for red blood cell transfusions and enhanced physical functioning. There are currently 5 ESA products on the market. All are indicated for use in chronic kidney disease with patients who are or who are not on dialysis. Epogen, Procrit, and Retacrit are also approved for use with zidovusine in patients who are HIV-positive; chemotherapy induced anemia; and for the reduction of red blood cell transfusions in patients undergoing elective, noncardiac, nonvascular surgery. Aranesp has the additional indication for use in chemotherapy induced anemia.

- In cancer, anemia occurs with varying degrees of frequency, severity, and most commonly in genitourinary, gynecologic, lung, and hematologic malignancies. Anemia may be directly related to cancer type or to its treatment. Oncologic anemia occurs by a variety of mechanisms: poor oral intake or altered metabolism may reduce nutrients essential for the red cell production; antibodies may cause increased erythrocyte destruction through hemolysis; tumors may cause blood loss via tissue invasion; or hematologic malignancies can invade the bone marrow and disrupt the erythropoietic microenvironment. The treatment of cancer may also cause anemia. Radical cancer surgery can result in acute blood loss. Radiotherapy and many cytotoxic chemotherapeutic agents cause marrow suppression to some degree.

- Red blood cell (RBC) transfusion is the traditional approach to quickly ameliorate anemia symptoms. However, it is not risk free, with several potential associated adverse events including blood shortages, transfusion errors, and the risk for alloimmunization and transfusion-related acute lung injury (TRALI), which provide sufficient rationale for the use of ESA therapy in appropriately indicated patients. Five ESA products have been licensed in the United States, Aranesp, Epogen, Mircera, Procrit, and Retacrit. Neither the 2012 Kidney Disease: Improving Global Outcomes (KDIGO clinical practice guideline for anemia in chronic kidney disease or the 2021 National Comprehensive Cancer Network hematopoietic growth factors treatment guidelines recommend one ESA over another for the treatment of anemia. Choice of therapy should be based on patient characteristics, side effect profiles, cost, and availability.

References:

1. Aranesp [prescribing information]. Thousand Oaks, CA: Amgen, Inc.; January 2019.
2. Epogen [prescribing information]. Thousand Oaks, CA: Amgen, Inc.; July 2018.
3. Mircera [prescribing information]. South San Francisco CA: Hoffman-La Roche, Inc.; August 2019.
4. Procrit [prescribing information]. Thousand Oaks, CA: Amgen, Inc.; July 2018.
5. Retacrit [prescribing information]. New York, NY: Pfizer, Inc.; May 2018.
6. National Comprehensive Cancer Network. Hematopoietic growth factors (Version 2.2021). 2021 March 23. Available at: https://www.nccn.org/professionals/physician_gls/pdf/growthfactors.pdf. Accessed on May 11, 2021.
7. Eknoyan G, Lameire N, Kasiske BL, et al. KDIGO clinical practice guideline for anemia in chronic kidney disease. 2012 August 2. J Intern Society of Nephrol. 2 (4): 282- 335.

Policy History		
#	Date	Change Description
1.2	Effective Date: 06/09/2022	Annual review of criteria was performed, no changes were made
1.1	Effective Date: 06/10/2021	Updated policy to only include trial and failure of preferred products statement and FDA approved indication as is the criteria that is to be implemented
1.0	Effective Date: 11/07/2019	Medical policy established.

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*