

## Erythropoiesis Stimulating Agents (ESA)

### Prescribing Guideline – No Precertification Required

**Line(s) of Business:**

HMO; PPO; QUEST Integration  
Akamai Advantage

**Original Effective Date:**

04/15/2007

**Current Effective Date:**

10/01/2016

**POLICY**

**A. INDICATIONS**

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the criteria are met and the member has no exclusions to the prescribed therapy.

**Table 1. Erythropoiesis Stimulating Agents**

Brand Name	Generic Name	FDA Approved Indications
<b>Aranesp</b> <sup>®</sup>	darbepoetin alfa	<ul style="list-style-type: none"> <li>• Treatment of anemia due to CKD in patients on dialysis and patients not on dialysis</li> <li>• Treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy</li> </ul>
<b>Epogen</b> <sup>®</sup> <b>Procrit</b> <sup>®</sup>	epoetin alfa	<p>Treatment of anemia due to</p> <ul style="list-style-type: none"> <li>• CKD in patients on dialysis and not on dialysis</li> <li>• Zidovudine in HIV-infected patients</li> <li>• The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy</li> <li>• Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery</li> </ul>

Abbreviations: CKD = chronic kidney disease; HIV = human immunodeficiency virus; RBC = red blood cell.

**Compendial Uses:**

- Anemia in myelodysplastic syndromes (MDS)
- Anemia in congestive heart failure
- Anemia in rheumatoid arthritis
- Anemia due to hepatitis C treatment with interferon alfa/peginterferon alfa and/or ribavirin
- Anemia in members whose religious beliefs forbid blood transfusions

**B. DOCUMENTATION SUPPORTING INDICATIONS FOR USE**

- Laboratory report with hemoglobin (obtained within the past 30 days and excluding any values due to a recent blood transfusion)
- For myelodysplastic syndrome (MDS):
  - Laboratory report with endogenous erythropoietin level
  - International Prognostic Scoring System (IPSS) score and any other documentation supporting low or intermediate-1 risk MDS
  - Clinical notes demonstrating transfusion dependency

**C. CRITERIA – INITIATION OF THERAPY****1. Chronic Kidney Disease**

- a. Pretreatment hemoglobin < 10 g/dL.

**2. Cancer Patients Receiving Chemotherapy**

- a. Currently receiving concomitant myelosuppressive chemotherapy
- b. Diagnosis of a non-myeloid malignancy
- c. Expected to receive at least 2 more months of chemotherapy
- d. Pretreatment hemoglobin < 10 g/dL

**3. HIV Patients Receiving Zidovudine (AZT)**

- a. Currently receiving  $\leq 4200$  mg per week of zidovudine (AZT)
- b. Pretreatment hemoglobin < 10 g/dL
- c. Pretreatment endogenous erythropoietin level  $\leq 500$  mU/mL

**4. Myelodysplastic Syndromes (MDS)**

- a. International Prognostic Scoring System (IPSS) low or intermediate-1 risk MDS
- b. Pretreatment hemoglobin  $\leq 10$  g/dL or member is dependent on blood transfusions
- c. Pretreatment endogenous erythropoietin level  $\leq 500$  mU/mL

**5. Reduce Allogeneic Blood Transfusions Prior to Elective Surgery**

- a. Pretreatment hemoglobin > 10 to  $\leq 13$  g/dL
- b. Elective, non-cardiac, non-vascular surgery scheduled
- c. High risk for peri-operative blood transfusions with significant anticipated blood loss (eg, member is expected to require > 2 units of blood)

**6. Anemia in Congestive Heart Failure**

- a. Pretreatment hemoglobin < 9 g/dL.

**7. Anemia in Rheumatoid Arthritis**

- a. Pretreatment hemoglobin < 10 g/dL.

**8. Anemia Associated With Hepatitis C Management**

- a. Currently receiving a hepatitis C regimen that contains interferon alfa/peginterferon alfa and/or ribavirin
- b. Pretreatment hemoglobin < 11 g/dL or member has a comorbid condition requiring treatment of mild to moderate anemia (eg, cirrhosis, heart failure, COPD)

**9. Anemia in Members with Religious Beliefs That Forbid Blood Transfusions**

- a. Pretreatment hemoglobin < 10 g/dL

**D. CONTINUATION OF THERAPY****1. Chronic Kidney Disease**

- a. Response to initial ESA therapy as demonstrated by a rise in Hgb of at least 1 g/dL after at least 3 months of ESA therapy
- b. EITHER of the following:
  - i. Member is currently on hemodialysis; and
    - 1) Current hemoglobin  $\leq$  11 g/dL; or
    - 2) Current hemoglobin > 11 g/dL to  $\leq$  12 g/dL and prescriber will interrupt or decrease dose to the lowest dose sufficient to reduce the need for red blood cell transfusions
  - ii. Member is NOT currently on dialysis; and
    - 1) Current hemoglobin  $\leq$  10 g/dL; or
    - 2) Current hemoglobin > 10 g/dL to  $\leq$  12 g/dL and prescriber will interrupt or decrease dosing to the lowest dose sufficient to reduce the need for red blood cell transfusions

**2. Cancer Patients Receiving Chemotherapy**

- a. Currently receiving concomitant myelosuppressive chemotherapy
- b. Diagnosis of a non-myeloid malignancy
- c. Expected to receive at least 2 more months of chemotherapy
- d. Response to initial ESA therapy as demonstrated by a rise in Hgb of at least 1 g/dL after at least 3 months of therapy
- e. Current hemoglobin < 11 g/dL

**3. Myelodysplastic Syndromes**

- a. International Prognostic Scoring System (IPSS) low or intermediate-1 risk MDS
- b. Response to initial ESA therapy as demonstrated by a rise in Hgb of at least 1 g/dL after at least 3 months of ESA therapy
- c. EITHER of the following:
  - i. Current hemoglobin  $\leq$  11 g/dL; or
  - ii. Current hemoglobin > 11 g/dL to  $\leq$  12 g/dL and prescriber will interrupt or decrease dosing to the lowest dose sufficient to reduce the need for red blood cell transfusions

- 4. HIV Patients Receiving Zidovudine (AZT), Anemia in Congestive Heart Failure, and Anemia in Rheumatoid Arthritis,**
  - a. Response to initial ESA therapy as demonstrated by a rise in Hgb of at least 1 g/dL after at least 3 months of ESA therapy
  - b. EITHER of the following:
    - i. Current hemoglobin  $\leq$  11 g/dL; or
    - ii. Current hemoglobin  $>$  11 g/dL to  $\leq$  12 g/dL and prescriber will interrupt or decrease dosing to the lowest dose sufficient to reduce the need for red blood cell transfusions
  
- 5. Anemia Associated with Hepatitis C Management**
  - a. Currently receiving a hepatitis C regimen that contains interferon alfa/peginterferon alfa and/or ribavirin
  - b. Response to initial ESA therapy as demonstrated by a rise in Hgb of at least 1 g/dL after at least 3 months of ESA therapy
  - c. EITHER of the following:
    - i. Current hemoglobin  $\leq$  11 g/dL; or
    - ii. Current hemoglobin  $>$  11 g/dL to  $\leq$  12 g/dL and prescriber will interrupt or decrease dosing to the lowest dose sufficient to reduce the need for red blood cell transfusions
  
- 6. Anemia in Members with Religious Beliefs that Forbid Blood Transfusions**
  - a. Response to initial ESA therapy as demonstrated by a rise in Hgb of at least 1 g/dL after at least 3 months of ESA therapy
  - b. EITHER of the following:
    - i. Current hemoglobin  $\leq$  11 g/dL; or
    - ii. Current hemoglobin  $>$  11 g/dL to  $\leq$  12 g/dL and prescriber will interrupt or decrease dosing to the lowest dose sufficient to reduce the need for red blood cell transfusions

**E. DOSAGE AND ADMINISTRATION**

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

**F. PROGRAM EXCEPTION – AKAMAI ADVANTAGE**

For Akamai Advantage members, the following Local Coverage Determination (LCD) applies:

- Erythropoietin Stimulating Agents (ESA) (L33525).

**G. ADMINISTRATIVE GUIDELINES**

Precertification is not required. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record and must be made available to HMSA upon request. HMSA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.

**H. IMPORTANT REMINDER**

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended

to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that CVS/caremark reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

## I. REFERENCES

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9. National Kidney Foundation. K/DOQI Clinical Practice Guidelines for Anemia of Chronic Kidney Disease. [http://www.kidney.org/professionals/kdoqi/guidelines\\_anemia/index.htm](http://www.kidney.org/professionals/kdoqi/guidelines_anemia/index.htm). Accessed October 16, 2013.
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