DRUG DETERMINATION POLICY

Title: DDP-18 Erythropoietin-Stimulating Agents (ESAs)

Effective Date: 06/01/2021

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Erythropoiesis-stimulating agents are drugs indicated for a number of diagnoses and are associated with significant toxicity. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of toxicity, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

I. Chronic kidney disease (CKD)-induced anemia [must meet all listed below]:

   A. Diagnosis and severity [must meet both listed below]:

      1. Requiring blood transfusions in dialysis and non-dialysis patients.

      2. Hemoglobin (Hgb) at or below 10gm per dL or HCT at or below 30 percent.

   B. Dosage regimen: intravenous administration preferred for patients on dialysis [must meet both listed below]:

      1. Initial [must meet one listed below]:

         a. Epogen/Procrit/Retacrit intravenous (IV) or subcutaneous (SC) (epoetin alfa): 50 to 100 units per kg three times per week.

b. Mircera intravenous or subcutaneous (methoxy polyethylene glycol-epoetin beta IV or SQ): 0.6mg per kg every two weeks or 1.2mg per kg every four weeks in stabilized patients.

2. Titration [must meet one listed below]:

a. Maintain hemoglobin (Hgb) below 11g/dL.

b. Inadequate or lack of response over 12-week escalation: further increase not justified.

C. Approval.

1. Initial: six months.
2. Re-approval:
a. Hgb below 11g per dL or hematocrit (HCT) below 33 percent.

b. Six months.

II. Chemotherapy in cancer patients anemia [must meet all listed below]:

A. Diagnosis and severity [must meet both listed below]:

1. Patient receiving myelosuppressive chemotherapy to treat non-myeloid malignancies for more than two months.

2. Hgb below 10g per dL.

B. Dosage regimen:

1. Initial: Epogen/Procrit/Retacrit intravenous or subcutaneous (epoetin alpha IV or SQ): 150 units per kg three times per week or 40,000 units one time per week until completion of chemotherapy.

2. Titration: maintain Hgb below 11g per dL.

C. Approval:

1. Initial: six months.

2. Re-approval: Hgb below 11g per dL; approve six more months.

III. Zidovudine use in HIV infection-induced anemia [must meet all listed below]:

A. Diagnosis and severity [must meet both listed below]:

1. Endogenous erythropoietin levels equal or below 500mu per mL and zidovudine doses at or below 4,200mg per week.

2. Hgb at or below 12g per dL.

B. Dosage regimen.

1. Initial: Epogen/Procrit/Retacrit intravenous or subcutaneous (epoetin alpha methoxy polyethylene glycol-epoetin beta IV or SQ) – 100 units per kg.

2. Titration:

   a. Maintain Hgb below 12g/dL.

   b. Maximum dose: Epogen/Procrit/Retacrit intravenous or subcutaneous (epoetin IV or SQ) 300 units/kg; discontinue if Hgb goal not reached in eight weeks.

C. Approval.

1. Initial: four months.

2. Re-approval: Hgb at or below 12g/dL.

IV. Surgery [must meet all listed below]:

A. Indication: to reduce allogenic red blood cell transfusions [must meet both listed below]:

1. Elective non-cardiac, non-vascular surgery.

2. Hgb above 10 to at or below 13g per dL.

B. Dosage regimen: Epogen/Procrit/Retacrit intravenous or subcutaneous (epoetin alpha IV or SQ):

1. 300 units/kg for 15 days given ten days pre-op through four days post-op **OR**

2. 600 units/kg one time per week for four doses given three, two and one week pre-op and day of surgery.

V. Non-preferred (Aranesp): contraindicated, failed or had significant adverse effects to Epogen/Procrit/Retacrit or Mircera.

VI. Appropriate medication use [must meet all listed below]:

A. Diagnosis: meets standard diagnostic criteria that designates signs, symptoms and test results to support specific diagnosis.

B. FDA approval status [must meet one listed below]:

1. FDA approved: product, indication, and/or dosage regimen.

2. Off-label use: at least two supporting studies from major peer-reviewed medical journals that support the off-label use as safe and effective.

C. Place in therapy: sequence of therapy supported by national or international accepted guidelines and/or studies (e.g., oncologic, infectious conditions).

VII. Exclusions:

A. Cancer patients receiving hormonal treatment, therapeutic biologics, or radiation (unless on concurrent myelosuppressive chemotherapy).

B. Surgery patients who are willing to donate autologous blood.

C. Surgery patients undergoing cardiac or vascular surgery.

D. As a substitute for red blood cell transfusion in patients requiring immediate correction of anemia.

4.0 Coding:

APPLICABLE CODES				
HCPCS Code	**Brand**	**Generic**	**HCPCS billing (1U)**	**Prior Approval**
J0885	Epogen/Procrit	Epoetin alpha	1,000U	Y
J0887	Mircera (ESRD use)	Methoxy polyethylene glycol-epoetin beta	1mcg	Y
Q5106	Retacrit	Epoetin alpha	1,000U	Y
J0888	Mircera (non-ESRD use)	Methoxy polyethylene glycol-epoetin beta	1mcg	Y
Q5015	Retacrit (ESRD on dialysis use)	Epoetin alpha-epbx	1,000U	Y
Q5106	Retacrit (non-ESRD use	Epoetin alpha-epbx	1,000U	Y

5.0 References, Citations & Resources:

1. National Government Services. Erythropoietin Stimulating Agents (ESA) – Supplemental Instructions (DRUG-AC-07-06-02)12/01/07.
2. FDA Alert 11/8/07: Information for Healthcare Professionals: Erythropoiesis Stimulating Agents (ESA).
3. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Epoetin Alpha, Aranesp and Mircera accessed March 2021.

6.0 Appendices:

See page 5.

7.0 Revision History:

Original Effective Date: 08/13/2008

Next Review Date: 03/24/2022

Revision Date	Reason for Revision
4/19	Moving to new format; presented and approved at P&T Committee.
3/20	Annual review; replaced abbreviations, added drug Retacrit
2/21	Annual review; reformatting, replaced abbreviations, added appropriate use section; approved at 4/28/21 P&T

Appendix I: Patient Safety and Monitoring

Drug	Adverse Reactions	Monitoring	REMS
Erythroid Stimulant Agents: Epogen, Procrit, Retacrit (epoetin alpha recombinant) Mircera (methoxy polyethylene glycol-epoetin beta)	• Cardiovascular: hypertension (27.7%), vascular occlusion (8%) • Musculo-skeletal: arthralgia (16%) • Pregnancy. Category: C	• Central Nervous System: watch for premonitory neurological symptoms • Cardiovascular: blood pressure especially those with pre-existing CV disease • Labs: serum ferritin pre- and post-treatment Hgb weekly until stable then monthly	• Medication Guide: dispensed with product. • Web site: epogen - https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/103234s5360s5364lbl.pdf#page=58 • Procrit http://www.fda.gov/downloads/Drugs/DrugSafety/UCM088988.pdf • Retacrit https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/125545s000lbl.pdf#page=28 • Mircera https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/125164s078lbl.pdf#page=23