Reference number(s)
5271-A

Jurisdiction Specific Medicare Part B Epogen-Procrit-Retacrit-Aranesp

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Epogen	epoetin alfa
Procrit	epoetin alfa
Retacrit	epoetin alfa-epbx
Aranesp	darbepoetin alfa

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

- Anemia of end stage renal disease (ESRD) in a member on dialysis
- Anemia of chronic kidney disease (CKD) in a member not on dialysis
- Treatment of significant anemia in a member with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy
- Treatment of anemia induced by azidothymidine (AZT) and/or other nucleoside reverse transcriptase inhibitors (NRTI) used in treatment of HIV/AIDS
- Treatment of selected members with anemia related to myelodysplastic syndrome
- Perisurgical adjuvant therapy (epoetin alfa only)
- Treatment of anemia of selected chronic diseases

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Exclusions

Erythropoiesis stimulating agent (ESA) treatment is not reasonable and necessary for beneficiaries with certain clinical conditions, either because of a deleterious effect of the ESA on their underlying disease or because the underlying disease increases their risk of adverse effects related to ESA use. These conditions include:

- Any anemia in cancer or cancer treatment patients due to folate deficiency, B-12 deficiency, iron deficiency, hemolysis, bleeding, or bone marrow fibrosis.
- The anemia associated with the treatment of acute and chronic myelogenous leukemias (CML, AML), or erythroid cancers.
- The anemia of cancer not related to cancer treatment.
- Any anemia associated only with radiotherapy.
- Prophylactic use to prevent chemotherapy-induced anemia.
- Prophylactic use to reduce tumor hypoxia.
- Patients with erythropoietin-type resistance due to neutralizing antibodies.
- Anemia due to cancer treatment if patients have uncontrolled hypertension.
- ESA use to replace red blood cell (RBC) transfusions in members who need immediate urgent correction of anemia.

Coverage Criteria

Anemia of End Stage Renal Disease (ESRD) in a Member on Dialysis

Authorization of 12 months may be granted for treatment of anemia of ESRD in a member on dialysis when both of the following criteria are met:

- Member has diagnosis of end stage renal disease.
- Hemoglobin (Hgb) level is less than 10 grams per deciliter (g/dL) or hematocrit (HCT) level is less than 30% at initiation of therapy.

Anemia of Chronic Kidney Disease (CKD) in a Member Not on Dialysis

Authorization of 12 months may be granted for treatment of anemia of CKD in a member not on dialysis when both of the following criteria are met:

- Hgb level is less than 10 g/dL or HCT level is less than 30% at initiation of therapy.
- Serum creatinine is equal to or greater than 3 mg/dL, creatinine clearance is less than 60 mL/min, or glomerular filtration rate (GFR) is less than 60 mL/min/1.73 m^2.

Treatment of Significant Anemia in Patients with Non-Myeloid Malignancies Due to the Effect of Chemotherapy

Authorization of 6 months may be granted for treatment of significant anemia in a member with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy when all of the following criteria are met:

- The Hgb level immediately prior to initiation of ESA treatment is less than 10 g/dL (or the HCT is less than 30%).
- The starting dose for ESA treatment is the recommended FDA label starting dose, no more than 150 units per kilogram (U/kg) three times weekly for epoetin and 2.25 mcg/kg once weekly for darbepoetin alpha. Equivalent doses may be given over other approved time periods.

Treatment of Anemia Induced by Azidothymidine (AZT) and/or Other Nucleoside Reverse Transcriptase Inhibitors (NRTI) Used in Treatment of HIV/AIDS

Authorization of 12 months may be granted for treatment of anemia related to azidothymidine (AZT) and/or other Nucleoside Reverse Transcriptase Inhibitors (NRTI) therapy for HIV/AIDS when the Hgb level is less than 10 g/dL or HCT level is less than 30% at initiation of therapy.

Treatment of Selected Patients with Anemia Related to Myelodysplastic Syndrome

Authorization of 12 weeks may be granted for treatment of anemia related to myelodysplastic syndrome when all of the following criteria are met:

- Member has myelodysplasia with less than 10% blasts.
- Pretreatment erythropoietin (EPO) level is 500 mU/mL or less.
- Hgb level is less than 10 g/dL or HCT level is less than 30% at initiation of therapy.

Perisurgical Adjuvant Therapy (Epoetin alfa only)

Authorization of 8 weeks may be granted for treatment of anemia related to perisurgical adjuvant therapy when all of the following criteria are met:

- Member is undergoing hip or knee surgery.
- Hgb level is between 10 g/dL and 13 g/dL.
- Member is not a candidate for autologous blood transfusion.
- Member is expected to lose more than two units of blood.
- Member has been evaluated to ensure that their anemia is due to chronic disease.

Treatment of Anemia of Selected Chronic Diseases

Authorization of 12 months may be granted for treatment of anemia of chronic disease when both of the following criteria are met:

- Anemia with Hgb less than 10 g/dL or HCT less than 30% at initiation of therapy.
- Member has any of the following chronic diseases:
    - Rheumatoid arthritis
    - Systemic lupus erythematosus
    - Crohn's disease
    - Ulcerative colitis
    - Hepatitis C with anemia due to the medication regimen

Continuation of Therapy

Treatment of Significant Anemia in Patients with Non-Myeloid Malignancies Due to Effect of Chemotherapy

Authorization of 6 months may be granted when all of the following criteria are met:

- For patients receiving chemotherapy for non-myeloid malignancies, the goal of therapy is to avoid transfusions. ESA therapy will be reimbursed only when the Hgb is less than 10 g/dL or the HCT is less than 30%.
- Maintenance of ESA therapy is the starting dose if the Hgb level remains below 10 g/dL (or HCT is less than 30%) 4 weeks after initiation of therapy and the rise in Hgb is greater than 1g/dL (HCT greater than 3%).
- For patients whose Hgb rises less than 1g/dL (HCT rise less than 3%) compared to pretreatment baseline over 4 weeks of treatment and whose Hgb level remains less than 10 g/dL after the 4 weeks of treatment (or HCT is less than 30%), the recommended FDA label starting dose may be increased once by 25%. Continued use of the drug is not reasonable and necessary if the Hgb rises less than 1 g/dL (HCT rise less than 3%) compared to pretreatment baseline by 8 weeks of treatment.
- Continued administration of the drug is not reasonable and necessary if there is a rapid rise in Hgb greater than 1 g/dL (HCT greater than 3%) over 2 weeks of treatment unless the Hgb remains below or subsequently falls to less than 10 g/dL (or HCT is less than 30%). Continuation and reinstitution of ESA therapy must include a dose reduction of 25% from the previously administered dose.
- ESA treatment duration for each course of chemotherapy includes the 8 weeks following the final dose of myelosuppressive chemotherapy in a chemotherapy regimen.

Treatment of Selected Members with Anemia Related to Myelodysplastic Syndrome

Authorization of 12 months may be granted when all of the following criteria are met:

- The goal of therapy is to maintain a stable Hgb and HCT, with target ranges of 10-12 g/dL and 30-36% respectively.
- Doses must be titrated according to the patient's response. ESA therapy need not be stopped completely simply due to the achievement of the target Hgb and/or HCT. However, judicious, appropriately timed dose adjustments are expected to prevent inappropriate increases in Hgb and HCT levels.
- If after two months of treatment, there is no significant increase in Hgb/HCT and/or a significant decrease in transfusion requirements, erythropoietin analogs therapy should be stopped.

Anemia of ESRD in a Member on Dialysis, Anemia of CKD in a Member Not on Dialysis, and Treatment of Anemia of Selected Chronic Diseases

Authorization of 12 months may be granted when all of the following criteria are met:

- The goal of therapy is to maintain a stable Hgb and HCT, with target ranges of 10-12 g/dL and 30-36%, respectively.
- Doses must be titrated according to the patient's response. ESA therapy need not be stopped completely simply due to the achievement of the target Hgb and/or HCT. However, judicious, appropriately timed dose adjustments are expected to prevent inappropriate increases in Hgb and HCT levels.

Treatment of Anemia Induced by AZT and/or Other NRTI Used in Treatment of HIV/AIDS

Authorization of 12 months may be granted when both of the following criteria are met:

- The goal of therapy is to maintain a stable Hcb and HCT, with target ranges of 10-12 g/dL and 30-36%, respectively.
- Doses must be titrated according to the patient's response. ESA therapy need not be stopped completely simply due to the achievement of the target Hgb and/or HCT. However, judicious, appropriately timed dose adjustments are expected to prevent inappropriate increases in Hgb and HCT levels.

Perisurgical Adjuvant Therapy (Epoetin alfa only)

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

References

1. Erythropoiesis Stimulating Agents (ESA) (L34356) Version R20. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed September 19, 2025.
2. Billing and Coding: Erythropoiesis Stimulating Agents (ESA) (A56462) Version R19. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed September 19, 2025.
3. National Coverage Determination (NCD) 110.21 Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions Version R1. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed September 19, 2025.
4. Epogen [package insert]. Thousand Oaks, CA: Amgen Inc.; December 2024.
5. Procrit [package insert]. Horsham, PA: Janssen Products, LP; April 2024.
6. Retacrit [package insert]. New York, NY: Pfizer Labs; June 2024.
7. Aranesp [package insert]. Thousand Oaks, CA: Amgen Inc.; December 2024.