AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Epogen / Procrit / Retacrit		Page:	1 of 5
Effective Date:	3/14/2025		Last Review Date:	2/21/2025
Applies to:	☒New Jersey ☒Pennsylvania Kids	☒Maryland ☐Virginia	☒Florida Kids ☒Kentucky PRMD	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Epogen, Procrit, and Retacrit under the patient's prescription drug benefit.

Description:

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

A. FDA-Approved Indications
   1. Epoetin alfa is indicated for the treatment of anemia due to chronic kidney disease (CKD), including patients on dialysis and not on dialysis to decrease the need for red blood cell (RBC) transfusion.
   2. Epoetin alfa is indicated for the treatment of anemia due to zidovudine administered at ≤ 4200 mg/week in HIV-infected patients with endogenous serum erythropoietin levels of ≤ 500 mUnits/mL.
   3. Epoetin alfa is indicated for the 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.
   4. Epoetin alfa is indicated to reduce the need for allogeneic RBC transfusions among patients with perioperative hemoglobin > 10 to ≤ 13 g/dL who are at high risk for perioperative blood loss from elective, noncardiac, nonvascular surgery. Epoetin alfa is not indicated for patients who are willing to donate autologous blood preoperatively.

B. Compendial Uses
   1. Symptomatic anemia in patients with myelodysplastic syndromes (MDS)
   2. Anemia in patients who will not/cannot receive blood transfusions
   3. Myelofibrosis-associated anemia
   6. Cancer patients who are undergoing palliative treatment

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Preferred Agent:
Retacrit

Non-Preferred Agents:
Epogen
Procrit

Policy/Guideline:

Criteria for Initial Approval:

Note: Requirements regarding pretreatment hemoglobin level exclude values due to a recent transfusion. All members must be assessed for iron deficiency anemia and have adequate iron stores (defined as a serum transferrin saturation [TSAT] level greater than or equal to 20% within the prior 3 months) or are receiving iron therapy before starting Epogen/Procrit/Retacrit.

Members may not use Epogen/Procrit/Retacrit concomitantly with other erythropoiesis stimulating agents.

For all indications below:
Requests for Epogen or Procrit require that the patient is unable to take Retacrit for the given diagnosis due to a trial and inadequate treatment response, intolerance, or a contraindication. Documentation is required for approval.

A. Anemia Due to Chronic Kidney Disease (CKD)
Authorization of 12 weeks may be granted for treatment of anemia due to chronic kidney disease in members with pretreatment hemoglobin <10 g/dL.

B. Anemia Due to Myelosuppressive Chemotherapy
Authorization of 12 weeks may be granted for treatment of anemia due to myelosuppressive chemotherapy in members with non-myeloid malignancy and pretreatment hemoglobin <10 g/dL.

C. Anemia in Myelodysplastic Syndrome (MDS)
Authorization of 12 weeks may be granted for treatment of anemia in myelodysplastic syndrome in members with pretreatment hemoglobin <10 g/dL.

D. Reduction of Allogeneic Red Blood Cell Transfusion in Patients Undergoing Elective, Noncardiac, Nonvascular Surgery
Authorization of 8 weeks may be granted for reduction of allogenic red blood cell transfusion in members scheduled to have an elective, noncardiac, nonvascular surgery with pretreatment hemoglobin ≤13 g/dL.

E. Anemia Due to Zidovudine in HIV-infected Patients
Authorization of 12 months may be granted for treatment of anemia due to zidovudine in HIV-infected members currently receiving zidovudine with pretreatment hemoglobin < 10g/dL whose pretreatment serum EPO level is ≤500 mU/mL.

H. Anemia in patients who will not/cannot receive blood transfusions

Authorization of 12 weeks may be granted for treatment of anemia in members whose religious beliefs forbid blood transfusions with pretreatment hemoglobin <10 g/dL.

I. Myelofibrosis-associated Anemia

Authorization of 12 weeks may be granted for treatment of anemia in primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis in members who meet ALL the following criteria:

A. Pretreatment hemoglobin < 10g/dL
B. Pretreatment serum EPO level <500 mU/mL

J. Anemia Due to Cancer

Authorization of 12 weeks may be granted for treatment of anemia due to cancer in members who have cancer and are undergoing palliative treatment.

Continuation of Therapy:

Note: Requirements regarding current hemoglobin level exclude values due to a recent transfusion. All members must be assessed for iron deficiency anemia and have adequate iron stores (defined as a serum transferrin saturation [TSAT] level greater than or equal to 20% within the prior 3 months) or are receiving iron therapy before continuation of treatment with Epogen/Procrit/Retacrit.

Members may not use Epogen/Procrit/Retacrit concomitantly with other erythropoiesis stimulating agents.

For all indications below (excluding Anemia due to Zidovudine in HIV infected patients):

- 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 ≥ 1 g/dL.
- Members who completed less than 12 weeks of ESA treatment and have not yet responded with a rise in hemoglobin of ≥ 1 g/dL may be granted authorization of up to 12 weeks to allow for sufficient time to demonstrate a response.

A. Anemia Due to CKD

Authorization of 12 weeks may be granted for continued treatment of anemia due to chronic kidney disease in members with current hemoglobin <12 g/dL.

B. Anemia Due to Myelosuppressive Chemotherapy

Authorization of 12 weeks may be granted for the continued treatment of anemia due to myelosuppressive chemotherapy in members with non-myeloid malignancy and current hemoglobin <12 g/dL.

C. Anemia in Myelodysplastic Syndrome (MDS)

Authorization of 12 weeks may be granted for continued treatment of anemia in myelodysplastic syndrome in members with current hemoglobin is <12 g/dL

D. Reduction of Allogenic Red Blood Cell Transfusion in Patients Undergoing Elective, Noncardiac, Nonvascular Surgery
All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

E. Anemia Due to Zidovudine in HIV-infected Patients
Authorization of 12 months may be granted for continued treatment of anemia due to zidovudine in HIV-infected members receiving zidovudine with current hemoglobin <12 g/dL.

F. Anemia in Members Who Will Not/Cannot Receive Blood Transfusions
Authorization of 12 weeks may be granted for continued treatment of anemia in members whose religious beliefs forbid blood transfusions with current hemoglobin <12 g/dL.

G. Myelofibrosis-associated Anemia
Authorization of 12 weeks may be granted for continued treatment of anemia in myelofibrosis-associated anemia with current hemoglobin less than 12 g/dL.

H. Anemia Due to Cancer
Authorization of 12 weeks may be granted for continued treatment of anemia due to cancer in members who have cancer and are undergoing palliative treatment.

Approval Duration and Quantity Restrictions:

Approval:

- Reduction of Allogeneic Red Blood Cell Transfusion in Patients Undergoing Elective, Noncardiac, Nonvascular Surgery: 8 weeks
- Anemia Due to Zidovudine in HIV-infected Patients: 12 months
- All other diagnoses: 12 weeks

References:

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13. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Myelodysplastic Syndromes. Version 3.2024. https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf. Accessed September 5, 2024