

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To define criteria for coverage of erythropoietic support (Epoen[®], Procrit[®] and Aranesp[®]).

STATEMENT OF THE POLICY

Epoen[®], Procrit[®] and Aranesp[®]. will be covered if the contained criteria are met, and applies to new starts only for Medicare Part D members after appropriate coverage of Medicare B versus Part D decision has been made.

PROCEDURES

- Covered for FDA approved indications
 - 3-month authorization at a time
- 1.1 Initiation of therapy
 - Hemoglobin (Hgb)baseline levels of less than 11 Gm/dl or less OR Hematocrit (Hct) of 30% or less AND
 - Transferrin saturation must be at least 20% AND
 - Serum ferritin level is less than 100ng/ml
 - 1.2 Maintenance therapy
 - Stop or decrease if Hemoglobin (Hgb) levels greater than 12Gm/dl OR Hematocrit (Hct) level should be maintained at 30-36
 - And continuation will occur as long as the 3mo average Hgh is less than 12gm/dl
 - 1.3 Autologous blood donation in surgical procedures
 - Baseline hemoglobin level must be between 11 Gm/dl and 13 Gm/dl.
 - Estimated blood loss during the procedure must be greater than 2U

2. Reference

- 2.1 Preoperative autologous blood donation (PABD) for elective hip surgery. Winifred S. Hayes, Inc. March 2, 2000.
- 2.2 Etchason, J. , et al. The cost effectiveness of preoperative autologous blood donations. N Engl J Med 332:719-724.
- 2.3 Cazzola, M., Mercuriali, F., Brugnara, C. Use of recombinant human erythropoetin outside the setting of uremia. Blood, 89(12): 4248-4267.
- 2.4 NCCN Practice Guidelines on Oncology, v.1.2001. Cancer and treatment-related anemia.
- 2.5 http://www.fda.gov/medwatch/safety/2007/Aranesp_DHCP_012707.htm
- 2.6 http://www.wpsmedicare.com/part_b/policy/inj023.pdf CMS Coverage Policy Related to Erythropoietin Analogues