

Payment Policy | Erythropoietin and Darbepoetin Therapy for End Stage Renal Disease



EFFECTIVE DATE: 03/01/2005
POLICY LAST UPDATED: 11/04/2008

OVERVIEW

This payment policy documents the coverage for Erythropoietin and Darbepoetin Therapy for End Stage Renal Disease. Endogenous erythropoietin (EPO) is a glycoprotein produced naturally in the kidney that stimulates the production of red blood cells in the bone marrow. When the body does not produce enough EPO, severe anemia may occur and epoetin alfa or darbepoetin alpha may be used as an alternative to a blood transfusion.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

Blue CHiP for Medicare and Commercial Products

Erythropoietin is covered for members with end-stage renal disease (ESRD) who are on dialysis, under their dialysis benefit.

For all other conditions, (such as, but not limited to, members who have significant renal insufficiency but who do not yet require dialysis, pre-dialysis members with anemia due to chronic renal insufficiency or all other diagnoses), it is covered under the member's pharmacy benefit when obtained at the pharmacy, or the physician office injectable benefit if given in the physician's office.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Endogenous erythropoietin (EPO) is a glycoprotein produced naturally in the kidney that stimulates the production of red blood cells in the bone marrow. An oxygen-sensing protein in the kidney detects the decrease in blood oxygen concentration and induces the production of EPO. Recombinant human erythropoietin, the 165 amino acid glycoprotein is identical to endogenous erythropoietin. The two types of recombinant human erythropoietin are called epoetin alfa (Procrit, Epogen) and darbepoetin alpha (Aranesp). When the body does not produce enough EPO, severe anemia may occur and epoetin alfa or darbepoetin alpha may be used as an alternative to a blood transfusion. While not a substitute for blood transfusions, chronic use of epoetin alfa or darbepoetin alpha may reduce the need for repeated maintenance blood transfusions.

Erythropoietin is given by an injection under the skin or into a vein, most often in the thigh or abdomen, and can be given from one to five times a week.

NOTE: The intent of this policy is to define the benefit category. Covered indications are based on use of local coverage determinations (LCD's) for all products.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable dialysis/pharmacy/physician office injectable benefits/coverage.

Specialty Pharmacy:

For contracts with specialty drug coverage, please refer to the member agreement for benefits and preauthorization guidelines.

CODING

Blue CHiP for Medicare and Commercial

The following codes are covered under the dialysis benefit:

J0882 J0886 Q4081

The following codes are covered under the pharmacy or physician office injectable benefit depending on where the item is obtained:

J0881 J0885

RELATED POLICIES

None

PUBLISHED

Provider Update Dec 2008

Policy Update Jan 2008

REFERENCES

None

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