Medical Coverage Policy

Erythropoietin and Darbepoetin Therapy for End Stage Renal Disease

☐ Device/Equipment  ☒ Drug  ☐ Medical  ☐ Surgery  ☐ Test  ☐ Other

Effective Date: 3/1/2005  Policy Last Updated: 11/4/2008

☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☒ Prospective review is not required.

Description:
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.


Medical Criteria:
None. This is a claims payment policy.

Policy:
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.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rtte Care contract 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 preauthorizations guidelines.

**Coding:**
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

**Also known as:**
Aranesp
Darbepoetin Alpha
EPO
Epoetin Alpha
Epo gen
Erythropoietin
Procrit

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*Policy Update, January 2008*
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