

Clinical Policy: Darbepoetin Alfa (Aranesp)

Reference Number: ERX.SPA.89

Effective Date: 10.01.16

Last Review Date: 05.20

Line of Business: Commercial, Medicaid

[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

Description

Darbepoetin alfa (Aranesp[®]) is an erythropoiesis-stimulating agent (ESA).

FDA Approved Indication(s)

Aranesp is indicated for the treatment of:

- Anemia due to chronic kidney disease (CKD), including patients on dialysis and patients not on dialysis
- 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

Limitation(s) of use: Aranesp has not been shown to improve quality of life, fatigue, or patient well-being.

Aranesp is not indicated for use:

- In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy
- In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure
- In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion
- As a substitute for red blood cell transfusions in patients who require immediate correction of anemia

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions[™] that Aranesp is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Anemia Due to Chronic Kidney Disease (must meet all):

1. Diagnosis of anemia of CKD (dialysis and non-dialysis members);
2. Prescribed by or in consultation with a hematologist or nephrologist;
3. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%;
4. Pretreatment hemoglobin level $<$ 10 g/dL.

Approval duration: 6 months

B. Anemia Due to Chemotherapy in Patients with Cancer (must meet all):

1. Request is for use in solid or non-myeloid malignancies in members receiving myelosuppressive chemotherapy without curative intent;
2. Prescribed by or in consultation with a hematologist or oncologist;
3. Age \geq 18 years;

4. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%;
5. Pretreatment hemoglobin $<$ 10 g/dL.

Approval duration: 6 months or until the completion of chemotherapy course (whichever is less)

C. Anemia Associated with Myelodysplastic Syndrome (off-label) (must meet all):

1. Diagnosis of anemia from myelodysplastic syndrome (MDS);
2. Prescribed by or in consultation with a hematologist or oncologist;
3. Age \geq 18 years;
4. Current (within the last 3 months) serum erythropoietin (EPO) \leq 500 mU/mL;
5. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%;
6. Pretreatment hemoglobin $<$ 10 g/dL.

Approval duration: 6 months

D. Myelofibrosis-Associated Anemia (off-label) (must meet all):

1. Diagnosis of anemia associated with myelofibrosis;
2. Prescribed by or in consultation with a hematologist or oncologist;
3. Age \geq 18 years;
4. Current (within the last 3 months) serum EPO $<$ 500 mU/mL;
5. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%.

Approval duration: 6 months

E. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Anemia Due to Chronic Kidney Disease (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%.

Approval duration: 6 months

B. Anemia Due to Chemotherapy in Patients with Cancer (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Continuation of ESA therapy is concurrent with myelosuppressive chemotherapy;
3. If member has received \geq 8 weeks of ESA therapy, member meets both of the following (a and b):
 - a. Documented response to therapy as evidenced by a rise in hemoglobin levels $>$ 1 g/dL;
 - b. No RBC transfusions are required;
4. Current hemoglobin $<$ 10 g/dL;
5. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%.

Approval duration: 6 months or until the completion of chemotherapy course, whichever is less

C. Anemia Associated with Myelodysplastic Syndrome (off-label) (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;

2. Member is responding positively to therapy;
3. Current hemoglobin \leq 12 g/dL;
4. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%.

Approval duration: 6 months

D. Myelofibrosis-Associated Anemia (off-label) (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. Adequate iron stores as indicated by current (within the last 3 months) serum ferritin level \geq 100 mcg/L or serum transferrin saturation \geq 20%.

Approval duration: 6 months

E. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CKD: chronic kidney disease

EPO: erythropoietin

ESA: erythropoiesis-stimulating agent

FDA: Food and Drug Administration

MDS: myelodysplastic syndrome

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): uncontrolled hypertension, pure red cell aplasia that begins after treatment with Aranesp or other erythropoietin protein drugs, serious allergic reactions
- Boxed warning(s): ESAs increase the risk of death, myocardial infarction, stroke, venous thromboembolism, thrombosis of vascular access and tumor progression or recurrence

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Anemia due to CKD	<p>CKD on dialysis: starting dose 0.45 mcg/kg IV or SC weekly, or 0.75 mcg/kg IV or SC every 2 weeks. IV recommended for patients on hemodialysis</p> <p>CKD not on dialysis: starting dose 0.45 mcg/kg IV or SC at 4 week intervals</p> <p>Pediatric patients with CKD: starting dose 0.45 mcg/kg IV or SC weekly; patients with CKD not on dialysis may also be initiated at 0.75 mcg/kg every 2 weeks</p>	Varies depending on indication and frequency of administration
Anemia due to chemotherapy	Starting dose: 2.25 mcg/kg SC weekly, or 500 mcg SC every 3 weeks until completion of a chemotherapy course	

Indication	Dosing Regimen	Maximum Dose
Anemia associated with MDS [†]	150-300 mcg SC every other week	500 mcg every other week

[†]Off-label NCCN recommended use

VI. Product Availability

- Single-dose vials for injection: 25 mcg, 40 mcg, 60 mcg, 100 mcg, 200 mcg, 300 mcg
- Single dose prefilled syringes for injection: 10 mcg/0.4 mL, 25 mcg/0.42 mL, 40 mcg/0.4 mL, 60 mcg/0.3 mL, 100 mcg/0.5 mL, 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, and 500 mcg/mL

VII. References

1. Aranesp Prescribing Information. Thousand Oaks, CA: Amgen Inc.; January 2019. Available at <http://www.aranesp.com/>. Accessed February 13, 2020.
2. Bohlius J, Bohlke K, Castelli R, et al. American Society of Hematology/American Society of Clinical Oncology clinical practice guideline update: Management of Cancer-Associated Anemia With Erythropoiesis-Stimulating Agents. J Clin Oncol 37:1336-1351. Available at: <https://ascopubs.org/doi/pdf/10.1200/JCO.18.02142>. Accessed February 13, 2020.
3. Darbepoetin alfa. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at www.nccn.org. Accessed February 13, 2020.
4. Myelodysplastic Syndromes (Version 1.2020). In: National Comprehensive Cancer Network Guidelines. Available at www.nccn.org. Accessed February 13, 2020.
5. Myeloproliferative Neoplasms (Version 3.2019). In National Comprehensive Cancer Network Guidelines. Available at www.nccn.org. Accessed February 13, 2020.
6. Hematopoietic Growth Factors (Version 2.2020). In National Comprehensive Cancer Network Guidelines. Available at www.nccn.org. Accessed February 13, 2020.
7. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2017. Available at: <http://www.clinicalpharmacology-ip.com/>. Accessed February 13, 2020.
8. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed February 13, 2020.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy split from USS.CP.PHAR.13 Erythropoiesis Stimulating Agents and converted to new template. Removed all safety criteria and requests for documentation. Added requirement for adequate iron stores and exclusion of all other causes of anemia. -Anemia due to chemo: added requirement for current Hgb < 10 g/dL per CMS policy. -Anemia of CKD: added Hgb requirement for pediatric patients and modified criteria to allow for continued therapy after 12 weeks. -Anemia due to MDS: removed approval for members with Hgb > 12 g/dL.	08.16	09.16
Converted to new template. Added age restriction to criteria related to chemotherapy and MDS; indicated that iron lab should be current (within the last 3 months). For anemia due to chemo-added requirement that anemia cannot be managed by transfusion per PI; Re-auth: for CKD, modified requirement related to current hemoglobin level to allow dose reduction per PI.	07.17	08.17
2Q 2018 annual review: Anemia due to CKD, chemotherapy, MDS: removed criteria that are under the purview of the prescriber-“Member does not require immediate correction of anemia”, and “Other causes of anemia (e.g., vitamin deficiency, metabolic or chronic inflammatory conditions, bleeding, etc.) have been corrected or excluded”; modified initial/continued approval	01.05.18	05.18

Reviews, Revisions, and Approvals	Date	P&T Approval Date
duration to 6 months; Anemia due to CKD: removed requirement related to dosage reduction per hemoglobin level on re-auth since it is not a hard stop to discontinue and specialist is involved in care; Anemia due to chemotherapy: removed criteria that are under the purview of the prescriber- “Member has non-myeloid malignancy”, a minimum of 2 additional months of planned chemotherapy, chemotherapy is being given as palliative treatment, and anemia cannot be managed by transfusion; removed “member is receiving concomitant myelosuppressive chemotherapy” since chemo is already included as part of the diagnosis; Anemia associated with MDS: added specialist requirement and clarified that the lab for serum EPO should be current (within the past 3 months); added requirement for positive response to therapy on re-auth; Added NCCN compendial/recommended use (category 2A): MF-associated anemia; References reviewed and updated.		
2Q 2019 annual review: no significant changes; added age requirement for myelofibrosis; references reviewed and updated.	01.24.19	05.19
2Q 2020 annual review: for anemia with chemotherapy, modified diagnosis requirement to confirm request is for use in solid or non-myeloid malignancies in members receiving myelosuppressive chemotherapy without curative intent consistent with NCCN and ASCO recommendations; references reviewed and updated.	02.13.20	05.20

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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