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 injectible 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

---

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.