

## Hematopoietic/Hematinic Agents

Hematopoietics and Hematinics also known as erythropoiesis stimulating agents (ESAs) are a **Covered** Nevada Medicaid benefit for recipients who meet the following criteria.

1. Coverage and Limitations
  - a. **Achieve and maintain hemoglobin levels within the range of 10 to 12 g/Dl** in the following conditions.
    1. Treatment of anemia secondary to myelosuppressive anticancer chemotherapy
    2. Treatment of anemia related to zidovudine therapy in HIV-infected patients
    3. Treatment of anemia secondary End Stage Renal Disease (ESRD)
  - b. Epoetin alpha (EpoGen®) is indicated to reduce the need for allogenic blood transfusions in surgery patients when a significant blood loss is anticipated. It may be used to **achieve and maintain hemoglobin levels within the range of 10 to 13 g/Dl**. Darbepoetin alfa (Aranesp®) does not have this indication.
  - c. Erythropoiesis stimulating agents (ESA) are a **Non-Covered** Nevada Medicaid benefit for recipients with the following conditions:
    1. Any anemia in cancer or cancer treatment patients due to folate deficiency, B-12 deficiency, iron deficiency, hemolysis, bleeding, or bone marrow fibrosis;
    2. Anemia associated with the treatment of acute and chronic myelogenous leukemias (CML, AML), or erythroid cancers;
    3. Anemia of cancer not related to cancer treatment;
    4. Any anemia associated only with radiotherapy;
    5. Prophylactic use to prevent chemotherapy-induced anemia;
    6. Prophylactic use to reduce tumor hypoxia;
    7. Patients with erythropoietin-type resistance due to neutralizing antibodies; and
    8. Anemia due to cancer treatment if patients have uncontrolled hypertension.

The medically unbelievable edit (MUE) threshold for epoetin alfa EpoGen®/Procrit® claims is 400,000 units and 1200 micrograms for darbepoetin alfa (Aranesp®) claims per rolling 30 days. Claims reporting doses exceeding this threshold are assumed to have typographical errors and will be denied.

Prior approval will be given for a one month period. Recent laboratory results are required for prior authorization, i.e. serum hemoglobin within seven (7) days of prior authorization request.

PA Form: Generic Nevada Medicaid Request for Prior Authorization form.