

## Medical Policy:

### Erythropoiesis Stimulating Agents (ESAs): Epogen/Procrit/Retacrit® (epoetin alfa) Subcutaneous/Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.81	January 6, 2025	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

## Length of Authorization

Coverage will be provided for 90 days and may be renewed.

## Dosing Limits [Medical Benefit]

**Max Units (per dose and over time) [Medical Benefit]:**

- J0885, J0886, J0887, J0888, Q5106: 1 billable unit = 1,000 Units
- MDS: 120 billable units every 7 days
- Surgery patients: 600 billable units every 15 days
- All other indications: 60 billable units every 7 days

**\*Note:** For RETACRIT HCPCS code Q5105 “injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units” each dose increment of 100 Units equals 1 billing unit (e.g., 2,000 Units/mL vial of RETACRIT represents 20 billing units of Q5105)

## Guideline

**\*\*For Medicare members – Epoetin alfa-please refer to our separate LCD/NCD Medicare criteria**

### I. Initial Approval Criteria

1. Lab values are obtained within 30 days of the date of administration (unless otherwise indicated); **AND**
2. Prior to initiation of therapy, patient should have adequate iron stores as demonstrated by serum ferritin  $\geq$  100 ng/mL (mcg/L) and transferrin saturation (TSAT)  $\geq$  20%; **OR**
3. Supplemental iron therapy is being administered when serum ferritin is less than 100 mcg/L or when serum transferrin saturation is less than 20%. **AND**
4. Initiation of therapy Hemoglobin (Hb)  $<$  10 g/dL and/or Hematocrit (Hct)  $<$  30% (unless otherwise specified below); **AND**
5. Other causes of anemia (e.g. hemolysis, bleeding, vitamin deficiency, etc.) have been ruled out; **AND**
6. If request is for Epogen patient must have a contraindication or intolerance to a trial of **epoetin alfa-epbx** or **Retacrit** or **Procrit**††

**†† Commercial, Medicaid and Medicare members are subject to this step therapy**

**Retacrit/Procrit/epoetin alfa-epbx** are covered for the following indication(s):

#### **Anemia secondary to chemotherapy treatment †**

1. Patient is receiving concurrent myelosuppressive chemotherapy; **AND**
2. Patient's chemotherapy is not intended to cure their disease (i.e., palliative treatment); **AND**
3. There are a minimum of two additional months of planned chemotherapy
- 4.

#### **Anemia secondary to chronic kidney disease in patients on dialysis (Excludes Medicare Patients)†**

1. Pediatric patients: Hemoglobin (Hb)  $<$  12 g/dL (if age  $\leq$  16 years) or  $<$  11 g/dL (if age  $>$  16 years):and/or Hematocrit (Hct)  $<$  36% (if age  $\leq$  16 years) or  $<$  33% (if age  $>$  16 years)

#### **Anemia secondary to chronic kidney disease not on dialysis†**

1. *Pediatric patients:* Hemoglobin (Hb)  $<$  12 g/dL (if age  $\leq$  16 years) or  $<$  10 g/dL (if age  $>$  16 years):and/or Hematocrit (Hct)  $<$  36% (if age  $\leq$  16 years) or  $<$  30% (if age  $>$  16 years)

#### **Anemia secondary to zidovudine treated, HIV-infected patients †**

1. Endogenous serum erythropoietin level of  $\leq$  500 mUnits/mL; **AND**
2. Patient is receiving zidovudine administered at  $\leq$  4200 mg/week **AND**
3. Hemoglobin (Hb) $<$  12 g/dL and/or Hematocrit (Hct)  $<$  36%

#### **Reduction of allogeneic blood transfusions in elective, non-cardiac, non-vascular surgery †**

1. Hemoglobin (Hb)  $>$  10 g/dL to  $\leq$  13 g/dL and/or Hematocrit (Hct)  $>$  30% to  $\leq$  39%; **AND**
2. Patient is at high-risk of blood-loss from Surgery that is elective, non-cardiac and non-vascular; **AND**

3. Patient is unwilling or unable to participate in an autologous blood donation program prior to surgery

**Anemia secondary to myelodysplastic syndrome (MDS) ‡**

1. Treatment of lower risk disease associated with symptomatic anemia; **AND**
2. Endogenous serum erythropoietin level of  $\leq 500$  mUnits/mL

**Anemia secondary to Myeloproliferative Neoplasms (MPN) - Myelofibrosis ‡**

1. Endogenous serum erythropoietin level of  $< 500$  mUnits/mL

† FDA approved indication(s); ‡ Compendia recommended indication(s)

## II. Renewal Criteria

Coverage can be renewed based upon the following criteria:

1. Last dose less than 60 days ago; **AND**
1. Disease response; **AND**
2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe cardiovascular events (stroke, myocardial infarction, thromboembolism, uncontrolled hypertension), tumor progression or recurrence in patients with cancer, seizures, pure red cell aplasia, severe cutaneous reactions (erythema multiforme, Stevens-Johnson syndrome/toxic epidermal necrolysis), “gaspings syndrome” (central nervous system depression, metabolic acidosis, gasping respirations) due to benzyl alcohol preservative, etc.; **AND**
3. Lab values are obtained within 30 days of the date of administration (unless otherwise indicated); **AND**
4. Adequate iron stores as demonstrated by serum ferritin  $\geq 100$  ng/mL (mcg/L) and transferrin saturation (TSAT)  $\geq 20\%$  measured within the previous 3 months; **OR**
5. Supplemental iron therapy is being administered when serum ferritin is less than 100 mcg/L or when serum transferrin saturation is less than 20%. **AND**
6. Other causes of anemia (e.g. hemolysis, bleeding, vitamin deficiency, etc.) have been ruled out; **AND**

**Anemia secondary to chemotherapy treatment:**

1. Hemoglobin (Hb)  $< 10$  g/dL and/or Hematocrit (Hct)  $< 30\%$ ; **AND**
2. Patient is receiving concurrent myelosuppressive chemotherapy; **AND**
3. There are a minimum of two additional months of planned chemotherapy

**Anemia secondary to zidovudine treated, HIV-infected patients:**

1. Hemoglobin (Hb)  $< 12$  g/dL and/or Hematocrit (Hct)  $< 36\%$ ; **AND**
2. Endogenous serum erythropoietin level of  $\leq 500$  mUnits/mL **AND**
3. Patient is receiving zidovudine administered at  $\leq 4200$  mg/week

**Anemia secondary to chronic kidney disease on dialysis (\*Excludes Medicare Members\*) :**

1. Pediatric patients: Hemoglobin (Hb)  $< 12$  g/dL (if age  $\leq 16$  years) or  $< 11$  g/dL (if age  $> 16$  years):and/or

Hematocrit (Hct) < 36% (if age ≤16 years) or < 33% (if age >16 years)

2. Adults: Hemoglobin (Hb) < 11 g/dL and/or Hematocrit (Hct) < 33%

**Anemia secondary to chronic kidney disease not on dialysis:**

1. *Pediatric patients:* Hemoglobin (Hb) < 12 g/dL (if age ≤16 years) or < 10 g/dL (if age >16 years):and/or Hematocrit (Hct) < 36% (if age ≤16 years) or < 30% (if age >16 years)

2. *Adults:* Hemoglobin (Hb) < 11 g/dL and/or Hematocrit (Hct) < 33%

**Reduction of allogeneic blood transfusions in elective, non-cardiac, non-vascular surgery:**

1. Coverage may not be renewed.

**Anemia secondary to myelodysplastic syndrome (MDS):**

1. Hemoglobin (Hb) <12 g/dL and/or Hematocrit (Hct) <36%

**Anemia secondary to myeloproliferative neoplasms (MF, post-PV myelofibrosis, post-ET myelofibrosis):**

1. Hemoglobin (Hb) <10 g/dL and/or Hematocrit (Hct) <30%

**Limitations/Exclusions**

Retacrit/Procrit/epoetin alfa-epbx are not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value.

**Applicable Procedure Codes**

Code	Description
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units: 1 billable unit = 1,000 Units
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-esrd use), 1000 units
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units

**Applicable NDCs**

Code	Description
55513-0126 -xx	Epogen 2,000 U/mL single-dose vial solution for injection
55513-0267-xx	Epogen 3,000 U/mL single-dose vial solution for injection
55513-0148-XX	Epogen 4,000 U/ml single-dose vial solution for injection
55513-0144 -XX	Epogen 10,000 U/mL single-dose vial solution for injection
55513-0283-XX	Epogen 10,000 U/mL 2 mL multi-dose vial solution for injection
55513-0478-XX	Epogen 20,000 U/mL 1 mL multi-dose vial solution for injection
59676-0302-XX	Procrit 2,000 U/mL single-dose vial solution for injection
59676-0303-XX	Procrit 3,000 U/mL single-dose vial solution for injection
59676-0304-XX	Procrit 4,000 U/mL single-dose vial solution for injection
59676-0310 -XX	Procrit 10,000 U/mL single-dose vial solution for injection

59676-0312-XX	Procrit 10,000 U/mL 2 mL multi-dose vial solution for injection
59676-0320-XX	Procrit 20,000 U/mL 1 mL multi-dose vial solution for injection
59676-0340-XX	Procrit 40,000 U/mL single-dose vial solution for injection
00069-1305-XX	Retacrit 2,000 U/ml single-dose vial solution for injection
00069-1306-XX	Retacrit 3,000 U/ml single-dose vial solution for injection
00069-1307-XX	Retacrit 4,000 U/ml single-dose vial solution for injection
00069-1308-XX	Retacrit 10,000 U/ml single-dose vial solution for injection
00069-1309-XX	Retacrit 40,000 U/ml single-dose vial solution for injection
00069-1311-XX	Retacrit 20,000 U/ml multi-dose vial solution for injection
00069-1318-XX	Retacrit 20,000 U/2ml multi-dose vial solution for injection

## ICD-10 Diagnoses

Code	Description
B18.2	Chronic viral hepatitis C
B19.20	Unspecified viral hepatitis C without hepatic coma
B20	Human immunodeficiency virus [HIV] disease
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia, in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C93.10	Chronic myelomonocytic leukemia, not having achieved remission
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis in remission
C94.42	Acute panmyelosis with myelofibrosis in relapse
C94.6	Myelodysplastic disease, not classified
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder

D47.4	Malignant neoplasm of peripheral nerves of abdomen
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agent
D61.3	Idiopathic aplastic anemia
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.81	Anemia due to antineoplastic chemotherapy
D64.9	Anemia unspecified
D75.81	Secondary polycythemia
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
T37.5X5A	Adverse effect of antiviral drugs, initial encounter
T37.5X5D	Adverse effect of antiviral drugs subsequent encounter
T37.5X5S	Adverse effect of antiviral drugs sequela
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z51.11	Encounter for antineoplastic chemotherapy
Z51.89	Encounter for other specified aftercare

**Dual coding requirements:**

- J0885 must be billed in conjunction with BOTH D63.8 or D64.9 AND Z41.8 for preoperative use.
- J0885 must be billed in conjunction with BOTH D63.1 AND one of the I or N series of codes for CKD not on dialysis
- J0885 must be billed in conjunction with BOTH D61.1-D61.3, D61.89, or D64.9 AND B20 for anemia due to HIV
- J0885 must be billed in conjunction with BOTH D63.8 or D64.9 AND either B18.2 or B19.20 for anemia due to HCV
- J0885 must be billed in conjunction with BOTH D63.8 or D64.9 AND a code from the M series for anemia due to RA

## Revision History

Company(ies)	DATE	REVISION
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EmblemHealth & ConnectiCare	1/6/2025	Revision: Added back Anemia secondary to chronic kidney disease in patients on dialysis indication and renewal criteria												
EmblemHealth & ConnectiCare	11/1/2024	Revision: Added Procrit to preferred agents Updated dosing limits. Removed Anemia secondary to chronic kidney disease in patients on dialysis indication and renewal criteria. Removed "Anemia secondary to Hepatitis C treatment ‡" indication and renewal criteria. Removed the following from the renewal criteria: "All other indications: Hemoglobin (Hb) < 11 g/dL and/or Hematocrit (Hct) < 33% "												
EmblemHealth & ConnectiCare	6/5/2024	Revision: Removed Disclaimer due to shortage of Retacrit resolving. " **Disclaimer: Effective September 25, 2023 Retacrit will be temporarily suspended as the preferred product due to Pfizer's supply disruption. During this interim period, Procrit/Epogen/Retacrit will be the preferred agents under the medical benefit for all lines of business" and removed "***Effective September 25: Procrit/Epogen/Retacrit are preferred agents during Retacrit shortage"  Added: **For Medicare members – Epoetin alpha-please refer to our separate LCD/NCD Medicare criteria; updated the following statement to include Retacrit: "If request is for Procrit or Epogen patient must have a contraindication or intolerance to a trial of epoetin alfa-epbx or Retacrit"												
EmblemHealth & ConnectiCare	9/18/2023	Annual Review: Added disclaimer to account for Retacrit supply shortage. During this interim period, Procrit/Epogen will be the preferred agents under the medical benefit for all lines of business.  <u>Initial Criteria: Reduction of allogeneic blood transfusions in elective, non-cardiac, non-vascular surgery †</u>  Modified statement from: "Surgery must be elective, non-cardiac and non-vascular; AND" to "Patient is at high-risk of blood-loss from Surgery that is elective, non-cardiac and non-vascular; AND"  Added "Patient is unwilling or unable to participate in an autologous blood donation program prior to surgery"  Removed: <u>Anemia secondary to rheumatoid arthritis ‡</u> <u>Anemia of Prematurity ‡</u>  1. Used in combination with iron supplementation  Renewal Criteria: <u>Reduction of allogeneic blood transfusions in elective, non-cardiac, non-vascular surgery:</u>  Removed: "Hemoglobin(Hb) > 10 g/dL to ≤ 13 g/dL and/or Hematocrit(Hct) > 30% and ≤ 39%"  Added: "Coverage may not be renewed."  Removed codes: <table border="1" data-bbox="721 1591 1528 1938"> <tr> <td>M05.10</td> <td>Rheumatoid lung disease with rheumatoid arthritis of unspecified site</td> </tr> <tr> <td>M05.111</td> <td>Rheumatoid lung disease with rheumatoid arthritis of right shoulder</td> </tr> <tr> <td>M05.112</td> <td>Rheumatoid lung disease with rheumatoid arthritis of left shoulder</td> </tr> <tr> <td>M05.119</td> <td>Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder</td> </tr> <tr> <td>M05.121</td> <td>Rheumatoid lung disease with rheumatoid arthritis of right elbow</td> </tr> <tr> <td>M05.122</td> <td>Rheumatoid lung disease with rheumatoid arthritis of</td> </tr> </table>	M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	M05.122	Rheumatoid lung disease with rheumatoid arthritis of
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M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder													
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow													
M05.122	Rheumatoid lung disease with rheumatoid arthritis of													

			left elbow
		M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow
		M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist
		M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist
		M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist
		M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand
		M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand
		M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand
		M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip
		M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip
		M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip
		M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee
		M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee
		M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee
		M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot
		M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot
		M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot
		M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites
		M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
		M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder
		M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder
		M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder
		M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow
		M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow
		M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow
		M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist
		M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist
		M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist



		M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand
		M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand
		M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand
		M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip
		M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip
		M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip
		M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
		M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
		M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
		M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
		M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot
		M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot
		M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
		M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site
		M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder
		M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder
		M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder
		M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow
		M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow
		M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow
		M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist
		M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist
		M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist
		M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand
		M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand
		M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand
		M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip
		M05.352	Rheumatoid heart disease with rheumatoid arthritis of

			left hip
		M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip
		M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
		M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee
		M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee
		M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot
		M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot
		M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot
		M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites
		M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site
		M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
		M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
		M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder
		M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow
		M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow
		M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow
		M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist
		M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist
		M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist
		M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand
		M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand
		M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand
		M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip
		M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip
		M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
		M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
		M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
		M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee

		M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
		M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
		M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
		M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
		M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
		M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
		M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
		M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
		M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
		M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
		M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
		M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
		M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
		M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
		M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
		M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
		M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
		M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
		M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
		M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
		M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
		M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
		M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
		M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
		M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
		M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
		M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
		M05.60	Rheumatoid arthritis of unspecified site with

			involvement of other organs and systems
	M05.611		Rheumatoid arthritis of right shoulder with involvement of other organs and systems
	M05.612		Rheumatoid arthritis of left shoulder with involvement of other organs and systems
	M05.619		Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems
	M05.621		Rheumatoid arthritis of right elbow with involvement of other organs and systems
	M05.622		Rheumatoid arthritis of left elbow with involvement of other organs and systems
	M05.629		Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems
	M05.631		Rheumatoid arthritis of right wrist with involvement of other organs and systems
	M05.632		Rheumatoid arthritis of left wrist with involvement of other organs and systems
	M05.639		Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems
	M05.641		Rheumatoid arthritis of right hand with involvement of other organs and systems
	M05.642		Rheumatoid arthritis of left hand with involvement of other organs and systems
	M05.649		Rheumatoid arthritis of unspecified hand with involvement of other organs and systems
	M05.651		Rheumatoid arthritis of right hip with involvement of other organs and systems
	M05.652		Rheumatoid arthritis of left hip with involvement of other organs and systems
	M05.659		Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
	M05.661		Rheumatoid arthritis of right knee with involvement of other organs and systems
	M05.662		Rheumatoid arthritis of left knee with involvement of other organs and systems
	M05.669		Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
	M05.671		Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
	M05.672		Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
	M05.679		Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
	M05.69		Rheumatoid arthritis of multiple sites with involvement of other organs and systems
	M05.70		Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
	M05.711		Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
	M05.712		Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
	M05.719		Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
	M05.721		Rheumatoid arthritis with rheumatoid factor of right

			elbow without organ or systems involvement
M05.722			Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.729			Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement
M05.731			Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732			Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.739			Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement
M05.741			Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742			Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.749			Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement
M05.751			Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752			Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759			Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.761			Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762			Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.769			Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.771			Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772			Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779			Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.79			Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.80			Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.811			Other rheumatoid arthritis with rheumatoid factor of right shoulder
M05.812			Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.819			Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.821			Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822			Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.829			Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.831			Other rheumatoid arthritis with rheumatoid factor of right wrist

		M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist
		M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist
		M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand
		M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand
		M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand
		M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
		M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
		M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip
		M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
		M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
		M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
		M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
		M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
		M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
		M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
		M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
		M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site
		M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder
		M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder
		M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
		M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow
		M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow
		M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow
		M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist
		M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist
		M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist
		M06.041	Rheumatoid arthritis without rheumatoid factor, right hand
		M06.042	Rheumatoid arthritis without rheumatoid factor, left

			hand
		M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand
		M06.051	Rheumatoid arthritis without rheumatoid factor, right hip
		M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
		M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip
		M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
		M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
		M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee
		M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
		M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
		M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot
		M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
		M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
		M06.80	Other specified rheumatoid arthritis, unspecified site
		M06.811	Other specified rheumatoid arthritis, right shoulder
		M06.812	Other specified rheumatoid arthritis, left shoulder
		M06.819	Other specified rheumatoid arthritis, unspecified shoulder
		M06.821	Other specified rheumatoid arthritis, right elbow
		M06.822	Other specified rheumatoid arthritis, left elbow
		M06.829	Other specified rheumatoid arthritis, unspecified elbow
		M06.831	Other specified rheumatoid arthritis, right wrist
		M06.832	Other specified rheumatoid arthritis, left wrist
		M06.839	Other specified rheumatoid arthritis, unspecified wrist
		M06.841	Other specified rheumatoid arthritis, right hand
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		M06.851	Other specified rheumatoid arthritis, right hip
		M06.852	Other specified rheumatoid arthritis, left hip
		M06.859	Other specified rheumatoid arthritis, unspecified hip
		M06.861	Other specified rheumatoid arthritis, right knee
		M06.862	Other specified rheumatoid arthritis, left knee
		M06.869	Other specified rheumatoid arthritis, unspecified knee
		M06.871	Other specified rheumatoid arthritis, right ankle and foot
		M06.872	Other specified rheumatoid arthritis, left ankle and foot
		M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot
		M06.88	Other specified rheumatoid arthritis, vertebrae

		<table border="1"> <tr> <td>M06.89</td> <td>Other specified rheumatoid arthritis, multiple sites</td> </tr> <tr> <td>M06.9</td> <td>Rheumatoid arthritis, unspecified</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>P07.20</td> <td>Extreme immaturity of newborn unspecified weeks of gestation</td> </tr> <tr> <td>P07.21</td> <td>Extreme immaturity of newborn gestational age less than 23 completed weeks</td> </tr> <tr> <td>P07.22</td> <td>Extreme immaturity of newborn gestational age 23 completed weeks</td> </tr> <tr> <td>P07.23</td> <td>Extreme immaturity of newborn gestational age 24 completed weeks</td> </tr> <tr> <td>P07.24</td> <td>Extreme immaturity of newborn gestational age 25 completed weeks</td> </tr> <tr> <td>P07.25</td> <td>Extreme immaturity of newborn gestational age 26 completed weeks</td> </tr> <tr> <td>P07.26</td> <td>Extreme immaturity of newborn gestational age 27 completed weeks</td> </tr> <tr> <td>P07.30</td> <td>Preterm newborn, unspecified weeks of gestation</td> </tr> <tr> <td>P07.31</td> <td>Preterm newborn, gestational age 28 completed weeks</td> </tr> <tr> <td>P07.32</td> <td>Preterm newborn, gestational age 29 completed weeks</td> </tr> <tr> <td>P07.33</td> <td>Preterm newborn, gestational age 30 completed weeks</td> </tr> <tr> <td>P07.34</td> <td>Preterm newborn, gestational age 31 completed weeks</td> </tr> <tr> <td>P07.35</td> <td>Preterm newborn, gestational age 32 completed weeks</td> </tr> <tr> <td>P07.36</td> <td>Preterm newborn, gestational age 33 completed weeks</td> </tr> <tr> <td>P07.37</td> <td>Preterm newborn, gestational age 34 completed weeks</td> </tr> <tr> <td>P07.38</td> <td>Preterm newborn, gestational age 35 completed weeks</td> </tr> <tr> <td>P07.39</td> <td>Preterm newborn, gestational age 36 completed weeks</td> </tr> </table>	M06.89	Other specified rheumatoid arthritis, multiple sites	M06.9	Rheumatoid arthritis, unspecified			P07.20	Extreme immaturity of newborn unspecified weeks of gestation	P07.21	Extreme immaturity of newborn gestational age less than 23 completed weeks	P07.22	Extreme immaturity of newborn gestational age 23 completed weeks	P07.23	Extreme immaturity of newborn gestational age 24 completed weeks	P07.24	Extreme immaturity of newborn gestational age 25 completed weeks	P07.25	Extreme immaturity of newborn gestational age 26 completed weeks	P07.26	Extreme immaturity of newborn gestational age 27 completed weeks	P07.30	Preterm newborn, unspecified weeks of gestation	P07.31	Preterm newborn, gestational age 28 completed weeks	P07.32	Preterm newborn, gestational age 29 completed weeks	P07.33	Preterm newborn, gestational age 30 completed weeks	P07.34	Preterm newborn, gestational age 31 completed weeks	P07.35	Preterm newborn, gestational age 32 completed weeks	P07.36	Preterm newborn, gestational age 33 completed weeks	P07.37	Preterm newborn, gestational age 34 completed weeks	P07.38	Preterm newborn, gestational age 35 completed weeks	P07.39	Preterm newborn, gestational age 36 completed weeks
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EmblemHealth & ConnectiCare	8/22/2022	Removed disclaimer after correspondence from Pfizer stating Retacrit is no longer experiencing supply shortage. Retacrit will return to our preferred agent for all lines of business under the medical benefit																																								
EmblemHealth & ConnectiCare	6/7/2022	Transferred policy to new template. Removed J0886 code deleted 12/31/2015																																								
EmblemHealth & ConnectiCare	4/27/2022	Added disclaimer to account for Retacrit supply shortage. During this interim period, Procrit/Epogen will be the preferred agents under the medical benefit for all lines of business.																																								
EmblemHealth & ConnectiCare	4/27/2022	Clarified "less than" signs in initial and renewal criteria																																								
EmblemHealth & ConnectiCare	02/11/2022	<p>Added "<i>OR Supplemental iron therapy is being administered when serum ferritin is less than 100 mcg/L or when serum transferrin saturation is less than 20%.</i>" to initial and renewal criteria</p> <p>Clarified Medicare patients are excluded from CKD if on Dialysis</p> <p>Added pediatric dosing under CKD Dialysis/Non-dialysis</p> <p>Clarified billable units to include conversion "1 billable unit = 1,000 Units" and the Note</p> <p>Added procedure codes: J0886; J0887; J0888; Q5105</p>																																								
EmblemHealth & ConnectiCare	1/1/2021	Extended coverage from 60 to 90 days.																																								



EmblemHealth & ConnectiCare	11/2/2020	Effective 01/01/2021, Member must fail trial of Retacrit, prior to using Procrit or Epogen (Medicare members are subject to this step therapy).
EmblemHealth & ConnectiCare	8/28/2020	Added two new NDCs for Retacrit multi-dose vials: 00069-1311-XX Retacrit 20,000 U/ml multi-dose vial solution for injection 00069-1318-XX Retacrit 20,000 U/2ml multi-dose vial solution for injection
EmblemHealth & ConnectiCare	01/13/2020	Added Retacrit to the title for clarity
EmblemHealth & ConnectiCare	01/01/2020	Annual Review

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