

## Aranesp (Darbepoetin Alfa)

### Drug names

1. Aranesp
2. Darbepoetin Alfa
3. Erythropoietin Stimulating Agents (ESAs)
4. Human erythropoietin (EPO)

### Description

Aranesp (darbepoetin alfa) is an erythropoiesis-stimulating agent (ESA). ESAs are a man-made form of a protein that helps the body produce red blood cells. This protein may be reduced due to kidney failure or certain medications. Anemia can develop when fewer red blood cells are produced.

Aranesp is used to treat anemia caused by chemotherapy or chronic kidney disease.

It is administered by subcutaneous injection or intravenous (IV) infusion.

### See also

Similar, related, or easily confused documents.

- [Mircera \(Epoetin Beta\)](#) - Another ESA.
- [Procrit and Epogen \(Epoetin Alfa\)](#) - Another ESA.
- [Retacrit \(Epoetin Alfa-Epbx\)](#) - Another ESA.

### Commercial

A Pharmacy Clinical Guideline, *Aranesp (darbepoetin alfa)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
  - **Important:** Check policy for limits or exclusions.
  - **ER or inpatient hospital POS:** PA is not required.
  - **ESRD members on dialysis:** PA is not required.
  - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

*Continued on next page*

## Aranesp (Darbepoetin Alfa), Continued

### Government Programs

Refer to the table below.

| Plan  | Coverage   |
|---|--|
| AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+) | <p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"> <li>Refer to <a href="#">Medicaid</a> below.</li> </ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"> <li>Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>Medicare is the primary payer.</li> <li>Follows Medicare guidelines.</li> <li>If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li> </ul>  |
| AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)          | <ul style="list-style-type: none"> <li>A Pharmacy Clinical Guideline, <i>Aranesp (darbepoetin alfa)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li><b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li><b>Important:</b> Check policy for limits or exclusions.</li> <li><b>ER or inpatient POS:</b> PA is not required.</li> <li><b>ESRD members on dialysis:</b> PA is not required.</li> <li><b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>For investigative indications, not covered.</li> <li>Medica is the only payer.</li> </ul> |

Continued on next page

## Aranesp (Darbepoetin Alfa), Continued

### Government Programs, continued

| Plan      | Coverage   |
|-----------|--|
| Advantage | <ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Aranesp (darbepoetin alfa)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>ESRD members on dialysis:</b> PA is not required</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> <li>– <b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC for primary or specialist cost sharing.</li> <li>– <b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>• For investigative indications, not covered.</li> <li>• Provider must bill per the <a href="#">Medicare Product Grid</a>.</li> <li>• Medica is the only payer.</li> </ul> |

*Continued on next page*

## Aranesp (Darbepoetin Alfa), Continued

### Government Programs, continued

| Plan                          | Coverage   |
|-------------------------------|--|
| Advantage PartnerCare (I-SNP) | <ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Aranesp (darbepoetin alfa)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>ESRD members on dialysis:</b> PA is not required</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> <li>– <b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC. Copays depend on place of service.</li> <li>– <b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>• Refer to the EOC. Copays depend on place of service.</li> <li>• For investigative indications, not covered.</li> <li>• Provider must bill per the <a href="#">Medicare Product Grid</a>.</li> <li>• Medica is the only payer.</li> </ul> |
| Medicaid (SPP)                | <ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Aranesp (darbepoetin alfa)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>ESRD members on dialysis:</b> PA is not required</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> </ul>  |

Continued on next page

## Aranesp (Darbepoetin Alfa), Continued

### Government Programs, continued

| Plan              | Coverage   |
|-------------------|--|
| Prime             | <ul style="list-style-type: none"> <li>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.               <ul style="list-style-type: none"> <li><b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC for primary or specialist cost sharing.</li> <li><b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>Follows Medicare guidelines.</li> <li>Provider must bill per the <a href="#">Medicare Product Grid</a>.</li> <li><b>Reminder:</b> Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li> </ul> |
| Select, Signature | <ul style="list-style-type: none"> <li>Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>Medicare supplement. Medicare is the primary payer.</li> <li>Follows Medicare guidelines.</li> </ul>  |

### Individual and Family Business (IFB)

- A Pharmacy Clinical Guideline, *Aranesp (darbepoetin alfa)*, is on [Magellan Rx Management](#).
- Requires prior authorization through Magellan.** Refer to *Review Criteria*.
  - Important:** Check policy for limits or exclusions.
  - ER or inpatient hospital POS:** PA is not required.
  - ESRD members on dialysis:** PA is not required
  - Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

Continued on next page

## Aranesp (Darbepoetin Alfa), Continued

### Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

| Employer          | Coverage   |
|-------------------|--|
| Mayo Medical Plan | <ul style="list-style-type: none"><li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>   |
| All others        | <ul style="list-style-type: none"><li>• A Pharmacy Clinical Guideline, <i>Aranesp (darbepoetin alfa)</i>, is on <a href="#">Magellan Rx Management</a>.</li><li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i><ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient POS:</b> PA is not required.</li><li>– <b>ESRD members on dialysis:</b> PA is not required</li><li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li></ul></li><li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul> |

### National Account Member Services (NAMS)

A Medical Policy, *Erythropoiesis-Stimulating Agents*, is on [UHC Provider.com](#).

- May be listed separately, if so, quote from iBAAG.
- If not listed separately and *Coverage Rational* is met, covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.
- If *Coverage Rational* is not met, considered unproven and not covered.
- **Non-MSA providers:** Refer to [Injectable Drugs Received in a Physician's Office - NAMS](#) for special dispensing requirements.

*Continued on next page*

## Aranesp (Darbepoetin Alfa), Continued

### Document history

Document history outlined below.

| Date     | Description                                |
|----------|--|
| 12.26.19 | Updated to new template.                   |
| 11.27.19 | Updated to new template. Added ESRD notes. |
| 3.30.19  | New A-Z sheet.                             |
| 3.30.19  | <i>See also</i> – Added block.             |

### Applicability

|   |                       |             |
|---|-----------------------|-------------|
| <b>Business Segments</b>  |                       |             |
| <input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC |                       |             |
| <b>Specific Clients/Products</b>  |                       |             |
| <input checked="" type="checkbox"/> All <input type="checkbox"/> Other:   |                       |             |
| <b>System</b>   |                       |             |
| <input type="checkbox"/> CCMS <input type="checkbox"/> COS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:   |                       |             |
| <b>Departments</b>  |                       |             |
| <input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Other:   |                       |             |
| <b>Approved By</b>  | <b>Document Owner</b> | <b>Date</b> |
| A-Z Review Team   | KNTWs                 | 11.27.19    |