



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Aranesp

Page: 1 of 4

Effective Date: 3/23/2026

Last Review Date: 2/2/2026

Applies to:  Illinois

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Aranesp under the patient's prescription drug benefit.

### Description:

#### Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

#### **FDA-Approved Indications**

##### Anemia Due to Chronic Kidney Disease

Treatment of anemia due to chronic kidney disease (CKD), including patients on dialysis and patients not on dialysis.

##### Anemia Due to Chemotherapy in Patients with Cancer

Treatment of 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.

#### Compendial Uses

- Symptomatic anemia in patients with myelodysplastic syndromes (MDS)
- Anemia in patients who will not/cannot receive blood transfusions
- Myelofibrosis-associated anemia
- Cancer patients who are undergoing palliative treatment

All other indications are considered experimental/investigational and not medically necessary.

### Applicable Drug List:

Aranesp

### Policy/Guideline:

#### Documentation

Submission of the following information is necessary to initiate the prior authorization review:

##### Continuation Requests

Chart notes, medical records, or laboratory results of current (within the last 30 days) hemoglobin level (where applicable).



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Page: 2 of 4

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## Coverage Criteria

For all indications below: Patient is unable to take Epogen and Procrit for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

Note: Requirements regarding pretreatment hemoglobin level exclude values due to a recent transfusion. All members must be assessed for iron deficiency anemia and have adequate iron stores (defined as a serum transferrin saturation [TSAT] level greater than or equal to 20% within the prior 3 months) or are receiving iron therapy before starting Aranesp. Members may not use Aranesp concomitantly with other erythropoiesis-stimulating agents (ESAs) or with hypoxia-inducible factor prolyl hydroxylase inhibitors (HIF-PHIs).

### Anemia Due to Chronic Kidney Disease (CKD)

Authorization of 12 months may be granted for treatment of anemia due to chronic kidney disease in members with pretreatment hemoglobin less than 10 grams per deciliter (g/dL).

### Anemia Due to Myelosuppressive Chemotherapy

Authorization of 6 months may be granted for treatment of anemia due to myelosuppressive chemotherapy in members with non-myeloid malignancy and pretreatment hemoglobin less than 10 g/dL.

### Anemia in Myelodysplastic Syndrome (MDS)

Authorization of 12 months may be granted for treatment of anemia in myelodysplastic syndrome in members with a pretreatment hemoglobin less than 10 g/dL.

### Anemia in Members Who Will Not/Cannot Receive Blood Transfusions

Authorization of 6 months may be granted for treatment of anemia in members who will not/cannot receive blood transfusions (e.g., religious beliefs) with pretreatment hemoglobin less than 10 g/dL.

### Myelofibrosis-associated Anemia

Authorization of 12 months may be granted for treatment of myelofibrosis-associated anemia in members who meet both of the following criteria:

- Pretreatment hemoglobin less than 10 g/dL.
- Pretreatment serum erythropoietin (EPO) level less than 500 milliunits per milliliter (mU/mL).

### Anemia Due to Cancer

Authorization of 6 months may be granted for treatment of anemia due to cancer in members who have cancer and are undergoing palliative treatment.



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Aranesp

Page: 3 of 4

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## Continuation Of Therapy

Note: Requirements regarding current hemoglobin level exclude values due to a recent transfusion. All members must be assessed for iron deficiency anemia and have adequate iron stores (defined as a serum transferrin saturation [TSAT] level greater than or equal to 20% within the prior 3 months) or are receiving iron therapy before continuation of treatment with Aranesp. Members may not use Aranesp concomitantly with other erythropoiesis-stimulating agents (ESAs) or with hypoxia-inducible factor prolyl hydroxylase inhibitors (HIF-PHIs).

### Anemia due to Chronic Kidney Disease (CKD)

Authorization of 12 months may be granted for continued treatment of anemia due to chronic kidney disease in members with current hemoglobin less than 12 g/dL.

### Anemia Due to Myelosuppressive Chemotherapy

Authorization of 6 months may be granted for continued treatment of anemia due to myelosuppressive chemotherapy in members with non-myeloid malignancy and current hemoglobin less than 12 g/dL.

### Anemia in Myelodysplastic Syndrome (MDS)

Authorization of 12 months may be granted for continued treatment of anemia in myelodysplastic syndrome in members with current hemoglobin less than 12 g/dL.

### Anemia in members who will not/cannot receive blood transfusions

Authorization of 6 months may be granted for continued treatment of anemia in members who will not/cannot receive blood transfusions (e.g., religious beliefs) with current hemoglobin less than 12 g/dL.

### Myelofibrosis-associated Anemia

Authorization of 12 months may be granted for continued treatment of myelofibrosis-associated anemia in members with current hemoglobin less than 12 g/dL.

### Anemia Due to Cancer

Authorization of 6 months may be granted for continued treatment of anemia due to cancer in members who have cancer and are undergoing palliative treatment.

## Approval Duration and Quantity Restrictions:

### Initial and Renewal Approvals:

- Anemia due to chronic kidney disease (CKD): 12 months
- Anemia due to myelodysplastic syndrome (MDS): 12 months
- Myelofibrosis-associated anemia: 12 months
- Myelosuppressive chemo: 6 months
- Anemia in members who cannot/will not receive blood transfusions: 6 months
- Anemia due to cancer: 6 months



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

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Page: 4 of 4

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