
- This document, referred to as a Proposed Decision Memorandum (PDM), outlines the coverage policy that the agency is proposing to adopt for ESAs when used for the specified conditions.
- A PDM is generally issued after the close of a National Coverage Analysis (NCA) and a review of the data submitted as part of the NCA by external stakeholders.

With the release of the PDM, CMS begins a 30-day public comment period (ending on June 13, 2007), during which interested stakeholders are invited to submit recommendations for the agency’s consideration as CMS prepares a National Coverage Determination (NCD).

SUMMARY OF PROPOSED NON-COVERED AND COVERED INDICATIONS

- CMS proposes non-coverage for ESAs in the following 13 oncology-related indications:
  - any anemia in cancer or cancer treatment patients due to folate deficiency, B-12 deficiency, hemolysis, bleeding, or bone marrow fibrosis;
  - the anemia of myelodysplasia;
  - the anemia of myeloid cancers;
  - the anemia associated with the treatment of myeloid cancers or erythroid cancers;
  - the anemia of cancer not related to cancer treatment;
  - any anemia associated with radiotherapy;
  - prophylactic use to prevent chemotherapy-induced anemia;
  - prophylactic use to reduce tumor hypoxia;
  - patients with erythropoietin-type resistance due to neutralizing antibodies;
  - patients with treatment regimens including anti-angiogenic drugs such as Avastin® (bevacizumab);
  - patients with treatment regimens including monoclonal/polyclonal antibodies directed against the epidermal growth factor (EGF) receptor (i.e., Erbitux® and Vectibix™);
  - anemia due to cancer treatment if patients have uncontrolled hypertension; and
  - patients with thrombotic episodes related to malignancy.

- The agency stated that CMS has included these conditions based on its assessment that ESA treatment is “not reasonable and necessary for beneficiaries with certain clinical conditions, either because of a deleterious effect of the ESA on their underlying disease or because the underlying disease increases their risk of adverse effects related to ESA use.”

- CMS proposes to allow ESA coverage for the treatment of anemia in those types of cancer in which the presence of erythropoietin receptors on either normal tissue/cell lines or malignant tissue/cell lines has been reported in the literature. These cancer types include but are not necessarily limited to bone (sarcoma), hepatic, pancreatic
(exocrine), brain-neurologic, lung, prostate, breast, lymphoma, retinal, cervical, melanoma, uterine, colorectal, multiple myeloma, gastric, muscle including cardiac, head-and-neck (squamous cell), and ovarian.

- For all uses of ESA therapy for beneficiaries with cancer whose condition is not addressed in the PDM, CMS states that local contractors would continue to be able to make coverage determinations at the local level.

- The agency also stated that it is interested in whether Medicare coverage for ESAs should “occur only within appropriately designed clinical research studies where informed consent and safety monitoring can be assured.” CMS encourages comments on this issue.

**PROPOSED REIMBURSEMENT PARAMETERS**

- The proposed reimbursement parameters in the covered indications would be as follows:
  - the hemoglobin/hematocrit levels immediately prior to initiation of dosing for the month should be < 9 g/dl or 27 percent in patients without known cardiovascular disease and < 10 g/dl or 30 percent in patients with documented symptomatic ischemic disease that cannot be treated with blood transfusion (CMS suggests that patients, especially those in the latter category, be alerted to the increased potential for thrombosis and sequelae.);
  - the maximum covered treatment duration is 12 weeks/year;
  - the maximum covered 4 week treatment dose is 126,000 units for erythropoietin and 630 mcg for darbepoetin;
  - continued use of the drug is not reasonable and necessary if there is evidence of poor drug response (hemoglobin/hematocrit rise < 1 g/dl or < 3%) after 4 weeks of treatment;
  - continued administration of the drug is not reasonable and necessary if there is an increase in fluid retention or weight (5 kg) after 2 weeks of treatment; and
  - continued administration of the drug is not reasonable and necessary if there is a rapid rise in hemoglobin/hematocrit > 1 g/dl or > 3% after 2 weeks of treatment.

- For all uses of ESA therapy for beneficiaries with cancer whose condition is not addressed in the PDM, CMS states that local contractors would continue to be able to make reasonable and necessary determinations at the local level.