SPECIALTY GUIDELINE MANAGEMENT

MIRCERA (methoxy polyethylene glycol-epoetin beta)

POLICY

I. 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 Indication
Mircera is indicated for the treatment of anemia associated with chronic kidney disease (CKD) in:
- Adult patients on dialysis and adult patients not on dialysis.
- Pediatric patients 5 to 17 years of age on hemodialysis who are converting from another erythropoiesis-stimulating agent (ESA) after their hemoglobin level was stabilized with an ESA.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Note: Requirements regarding hemoglobin level exclude values due to recent transfusion. All members must be assessed for iron deficiency anemia and have adequate iron stores or are receiving iron therapy before starting Mircera. Members may not use Mircera concomitantly with other erythropoiesis stimulating agents.

Anemia Due to Chronic Kidney Disease
Authorization of 12 weeks may be granted for the treatment of anemia due to chronic kidney disease when the pretreatment hemoglobin is less than 10 g/dL.

III. CONTINUATION OF THERAPY

Note: Requirements regarding current hemoglobin level exclude values due to recent transfusion. Members may not use Mircera concomitantly with other erythropoiesis stimulating agents.

Anemia Due to Chronic Kidney Disease
1. Authorization of 12 weeks may be granted for continuation of therapy when the current hemoglobin is < 12 g/dL and the member has shown a response to therapy with a rise in hemoglobin of ≥ 1 g/dL after at least 12 weeks of ESA therapy.
2. Authorization of up to 12 weeks may be granted for continuation of therapy in members who have not completed 12 weeks of ESA therapy.

IV. REFERENCES