



## Mircera® (methoxy polyethylene glycol-epoetin beta) (Intravenous/Subcutaneous)

**\*NON-DIALYSIS\***

Document Number: IC-0244

**Last Review Date: 05/04/2023**

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**Dates Reviewed: 01/2014, 03/2015, 05/2015, 08/2015, 11/2015, 02/2016, 05/2016, 08/2016, 11/2016, 02/2017, 05/2017, 08/2017, 11/2017, 02/2018, 05/2018, 04/2019, 04/2020, 09/2020, 05/2021, 05/2022, 5/2023**

### I. Length of Authorization

- Coverage will be provided for 45 days and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Mircera 30 mcg prefilled syringe: 1 syringe every 14 days
- Mircera 50 mcg prefilled syringe: 1 syringe every 14 days
- Mircera 75 mcg prefilled syringe: 1 syringe every 14 days
- Mircera 100 mcg prefilled syringe: 1 syringe every 14 days
- Mircera 120 mcg prefilled syringe: 1 syringe every 14 days
- Mircera 150 mcg prefilled syringe: 1 syringe every 14 days
- Mircera 200 mcg prefilled syringe: 1 syringe every 28 days
- Mircera 250 mcg prefilled syringe: 1 syringe every 28 days
- Mircera 360 mcg prefilled syringe: 1 syringe every 28 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 360 billable units every 28 days

### III. Initial Approval Criteria<sup>1</sup>

Coverage is provided in the following condition(s):

- Patient is at least 18 years of age; **AND**

#### Universal Criteria<sup>1-6</sup>

- Lab values are obtained within 30 days of the date of administration (unless otherwise indicated); **AND**

- Patient has 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 for renewal)\*; **AND**
- Other causes of anemia (e.g. hemolysis, bleeding, vitamin deficiency, etc.) have been ruled out; **AND**
- Patient does not have uncontrolled hypertension; **AND**

#### Anemia Due to Chronic Kidney Disease (Non-Dialysis Patients) † 1-6

- Initiation of therapy Hemoglobin (Hb)  $< 10$  g/dL and/or Hematocrit (Hct)  $< 30\%$

† FDA Approved Indications; ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

## IV. Renewal Criteria 1,5

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Previous dose was administered within the past 60 days; **AND**
- Disease response with treatment as defined by improvement in anemia compared to pretreatment baseline; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: pure red cell aplasia, severe allergic reactions (anaphylaxis, angioedema, bronchospasm, etc.), severe cutaneous reactions (erythema multiforme, Stevens-Johnson Syndrome [SJS]/Toxic Epidermal Necrolysis [TEN], etc.), severe cardiovascular events (stroke, myocardial infarction, congestive heart failure, thromboembolism, etc.), uncontrolled hypertension, seizures, etc.; **AND**
- Hemoglobin (Hb)  $< 11$  g/dL and/or Hematocrit (Hct)  $< 33\%$

\* Intravenous iron supplementation may be considered when evaluating iron status

- Functional iron deficiency (i.e., adequate iron stores with an insufficient supply of available iron) may occur in patients with chronic diseases, cancer, and/or in those currently receiving ESAs.
- Iron is not generally recommended in anemic patients with a Ferritin  $> 500$  ng/mL.
- Anemic patients with a Ferritin  $\leq 500$  ng/mL AND TSAT  $< 50\%$  may derive benefit from IV iron therapy in conjunction with ESA.

## V. Dosage/Administration 1

Indication	Dose
Anemia due to Chronic Kidney Disease – Non-dialysis	<p><b><u>Initial Dose in patients who are not currently receiving treatment with an ESA:</u></b></p> <p>Administer 1.2 mcg/kg subcutaneously once every 28 days. Alternatively, a starting dose of 0.6 mcg/kg body weight once every two weeks as a single intravenous or subcutaneous injection.</p> <p><b><u>Initial Dose for patients converting from another ESA:</u></b></p>

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	Previous Weekly Epoetin alfa Dose (units/week)	Previous Weekly Darbepoetin alfa Dose (mcg/week)	Mircera Dose	
			Once Monthly (mcg/month)	Once Every 2 Weeks (mcg/every 2 weeks)
	less than 8000	less than 40	120	60
	8000 to 16000	40 to 80	200	100
	more than 16000	more than 80	360	180
<p><b><u>Maintenance Dose:</u></b></p> <p>Once Hb has stabilized, administer once monthly using a dose that is twice that of the every-two-week dose and subsequently titrate as necessary. Most commonly the dose ranges from 120 to 360 mcg every 28 days.</p>				
<p>– Dose increases of 25% can be considered if after 4 weeks of initial therapy the hemoglobin has increased less than 1 g/dL and the current hemoglobin level is less than the indication specific level noted above.</p> <p>– Dose decreases of 25% or more can be considered if the hemoglobin rises rapidly by more than 1 g/dL in any 2-week period.</p> <p>– Dose and frequency requested are the minimum necessary for the patient to avoid RBC transfusions.</p> <p>– Avoid frequent dose adjustments. Do not increase the dose more frequently than once every 4 weeks; decreases can occur more frequently.</p> <p>– If patients fail to respond over a 12-week dose escalation period, further dose increases are unlikely to improve response and discontinuation of therapy should be considered.</p>				

## VI. Billing Code/Availability Information

### HCPCS Code:

- J0888 – Injection, epoetin beta, 1 microgram, (for non-ESRD use); 1 billable unit = 1 mcg

### NDC:

- Mircera 30 mcg/0.3 mL single-dose prefilled syringe: 59353-0400-xx
- Mircera 50 mcg/0.3 mL single-dose prefilled syringe: 59353-0401-xx
- Mircera 75 mcg/0.3 mL single-dose prefilled syringe: 59353-0402-xx
- Mircera 100 mcg/0.3 mL single-dose prefilled syringe: 59353-0403-xx
- Mircera 120 mcg/0.3 mL single-dose prefilled syringe: 59353-0407-xx
- Mircera 150 mcg/0.3 mL single-dose prefilled syringe: 59353-0404-xx
- Mircera 200 mcg/0.3 mL single-dose prefilled syringe: 59353-0405-xx
- Mircera 250 mcg/0.3 mL single-dose prefilled syringe: 59353-0406-xx
- Mircera 360 mcg/0.6 mL single-dose prefilled syringe: 59353-0408-xx

## VII. References

1. Mircera [package insert]. St. Gallen, Switzerland; Vifor (International) Inc. March 2023. Accessed April 2023.

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3. Sulowicz W, Locatelli F, Ryckelynck JP, et al. PROTOS Study Investigators. Once-monthly subcutaneous C.E.R.A. maintains stable hemoglobin control in patients with chronic kidney disease on dialysis and converted directly from epoetin one to three times weekly. *Clin J Am Soc Nephrol* 2: 637–646, 2007.
4. Fischbach M, Wühl E, Reigner SCM, et al. Efficacy and Long-Term Safety of C.E.R.A. Maintenance in Pediatric Hemodialysis Patients with Anemia of CKD [published correction appears in *Clin J Am Soc Nephrol*. 2019;14(6):907] *Clin J Am Soc Nephrol*. 2018;13(1):81-90.
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6. Mikhail, A., Brown, C., Williams, J.A. et al. Renal association clinical practice guideline on Anaemia of Chronic Kidney Disease. *BMC Nephrol* 18, 345 (2017). Upd 2020. <https://doi.org/10.1186/s12882-017-0688-1>.
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9. CGS Administrators, LLC. Local Coverage Article (LCA): Billing and Coding: Erythropoiesis Stimulating Agents (ESA) (A56462). Centers for Medicare & Medicaid Services. Updated on 02/28/2023 with effective dates 03/09/2023. Accessed March 2023.
10. Pamletto GBA. Local Coverage Article (LCA): Billing and Coding: Erythropoiesis Stimulating Agents (ESA) (A58982). Centers for Medicare & Medicaid Services. Updated on 08/18/2022 with effective dates 10/01/2022. Accessed March 2023.
11. Wisconsin Physicians Service Insurance Corporation. Local Coverage Article (LCA): Billing and Coding: Erythropoiesis Stimulating Agents (ESA) (A56795). Centers for Medicare & Medicaid Services. Updated on 10/18/2022 with effective dates 10/01/2022. Accessed March 2023.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D63.1	Anemia in chronic kidney disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

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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
N18.30	Chronic kidney disease, stage 3 (moderate), unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.9	Chronic kidney disease, unspecified

**Dual coding requirements:**

- Anemia due to CKD (not on dialysis): must bill D63.1 AND I12.9, I13.0, I13.10, N18.30, N18.31, N18.32, N18.4, or N18.9

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

<b>Jurisdiction(s):</b> 5, 8	<b>NCD/LCD/LCA Document (s):</b> L34633 <a href="https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=l34633&amp;areaId=all&amp;docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMD%2C6%2C3%2C5%2C1%2CF%2CP">https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=l34633&amp;areaId=all&amp;docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMD%2C6%2C3%2C5%2C1%2CF%2CP</a>
<b>Jurisdiction(s):</b> 15	<b>NCD/LCD/LCA Document (s):</b> L34356 <a href="https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=l34356&amp;areaId=all&amp;docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMD%2C6%2C3%2C5%2C1%2CF%2CP">https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=l34356&amp;areaId=all&amp;docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMD%2C6%2C3%2C5%2C1%2CF%2CP</a>
<b>Jurisdiction(s):</b> 15	<b>NCD/LCD/LCA Document (s):</b> A56462 <a href="https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56462&amp;areaId=all&amp;docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP">https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56462&amp;areaId=all&amp;docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP</a>
<b>Jurisdiction(s):</b> J, M	<b>NCD/LCD/LCA Document (s):</b> A58982

<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=A58982&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6.3.5.1.F,P&contractOption=all&sortBy=relevance>.

**Jurisdiction(s):** 5, 8

**NCD/LCD/LCA Document (s):** A56795

<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=A56795&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6.3.5.1.F,P&contractOption=all&sortBy=relevance>.

#### Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC



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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

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Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Fax: 763.847.4010  
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Washington, D.C. 20201  
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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙበት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအဆိ, နမူနာ ကျိအဆိတော်မရစေလော တလက်တက်လက်စွာ နှိတ်ခံဘက်သို့သန့်လို့. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).