

MIRCERA
(methoxy polyethylene glycol-epoetin beta)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Anemia associated with chronic renal failure

AND ALL of the following:

1. Serum ferritin ≥ 100 ng/ml
2. **NOT** used in combination with another erythropoiesis stimulating agent
3. **NOT** used for anemia due to cancer chemotherapy

AND ONE of the following:

1. If patient is **NOT** on dialysis
 - a. Initial treatment: Hemoglobin < 10 g/dl*
 - b. Continuing treatment: Hemoglobin ≤ 10 g/dl*
2. If patient is **ON** dialysis
 - a. Initial treatment: Hemoglobin < 10 g/dl*
 - b. Continuing treatment: Hemoglobin ≤ 11 g/dl*

Age 3 months – 17 years of age

Diagnosis

Patient must have the following:

Anemia associated with chronic renal failure

AND ALL of the following:

1. Serum ferritin ≥ 100 ng/ml
2. Hemoglobin ≤ 11 g/dl*
3. **NOT** used in combination with another erythropoiesis stimulating agent
4. **NOT** used for anemia due to cancer chemotherapy

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5. Converting from another ESA after their hemoglobin level was stabilized

* If the hemoglobin level exceeds this level then the prescribing physician must confirm that the dose will be held or reduced until the hemoglobin level returns to the required level.

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Anemia associated with chronic renal failure

AND ALL of the following:

1. Serum ferritin ≥ 100 ng/ml
2. **NOT** used in combination with another erythropoiesis stimulating agent
3. **NOT** used for anemia due to cancer chemotherapy

AND ONE of the following:

- a. If patient is **NOT** on dialysis
 - i. Initial treatment: Hemoglobin < 10 g/dl*
 - ii. Continuing treatment: Hemoglobin ≤ 10 g/dl*
- b. If patient is **ON** dialysis
 - i. Initial treatment: Hemoglobin < 10 g/dl*
 - ii. Continuing treatment: Hemoglobin ≤ 11 g/dl*

Age 3 months – 17 years of age

Diagnosis

Patient must have the following:

Anemia associated with chronic renal failure

AND ALL of the following:

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1. Serum ferritin \geq 100 ng/ml
2. Hemoglobin \leq 11 g/dl*
3. **NOT** used in combination with another erythropoiesis stimulating agent
4. **NOT** used for anemia due to cancer chemotherapy

* If the hemoglobin level exceeds this level then the prescribing physician must confirm that the dose will be held or reduced until the hemoglobin level returns to the required level.

Prior - Approval *Renewal* Limits

Same as above