Drug

Policy

Policy:	**201510-MRx**	**Initial Effective Date: 04/30/2015**
Code(s):	**HCPCS J0888**	**Annual Review Date: 05/18/2023**
SUBJECT:	Mircera® (methoxy polyethylene glycol-epoetin beta injection)	**Last Revised Date: 03/21/2024**

Prior approval is required for some or all procedure codes listed in this Corporate Drug Policy.

Policy Statement

This policy involves the use of Mircera. Prior authorization is recommended for medical benefit coverage of Mircera. Approval is recommended for those who meet the conditions of coverage in the **Initial Approval and Renewal Criteria, Preferred Drug (when applicable), Dosing/Administration, Length of Authorization, and Site of Care (when applicable)** for the diagnosis provided. The requirement that the patient meet the Criteria and Preferred Drug for coverage of the requested medication applies to the initial authorization only. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy.

Please note this policy is subject to Medicare Part B step therapy. Please see the corporate medical policy titled **Medicare Part B Step Therapy** for a complete list of preferred therapies.

Recommended Authorization Criteria

Coverage of Mircera is recommended in those who meet the following criteria listed below.

I. Length of Authorization

- Coverage will be provided for 60 days and may be renewed every 6 months thereafter.

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 [1]

Coverage is provided in the following condition(s):

- Patient is at least 18 years of age, unless otherwise specified; **AND**
- Patient does not have end stage renal disease (ESRD) or stage 5 chronic kidney disease; **AND**

Universal Criteria [1-6]

- 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 ≥ 100 ng/mL (mcg/L) and transferrin saturation (TSAT) ≥ 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%; **OR**

Anemia Due to Chronic Kidney Disease (Dialysis Patients) † [1-6]

- Initiation of therapy Hemoglobin (Hb) < 10 g/dL and/or Hematocrit (Hct) < 30%; **AND**
  - o Adult patients (at least 18 years of age) receiving dialysis; **OR**
  - o Pediatric patients (at least 5 years of age); **AND**
    - Patient is receiving hemodialysis; **AND**
    - Patient is converting from another erythropoiesis stimulating agent (ESA) after their hemoglobin was stabilized

† FDA Approved Indications; ‡ Compendia Recommended Indication(s); **Φ** 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**

Anemia Due to Chronic Kidney Disease (Non-Dialysis Patients)

- Hemoglobin (Hb) <11 g/dL and/or Hematocrit (Hct) <33%

Anemia Due to Chronic Kidney Disease (Dialysis Patients)

- Pediatric patients: Hemoglobin (Hb) < 12 g/dL and/or Hematocrit (Hct) < 36%
- Adult patients: 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 ≤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	**Initial Dose in patients who are not currently receiving treatment with an ESA:** 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. **Initial Dose for patients converting from another ESA:**

		Mircera Dose

<table>
<tr>
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<table>
<tr><th>Previous Weekly Epoetin alfa Dose (units/week)</th><th>Previous Weekly Darbepoetin alfa Dose (mcg/week)</th><th>Once Monthly (mcg/month)</th><th>Once Every 2 Weeks (mcg/every 2 weeks)</th></tr>
<tr><td>less than 8000</td><td>less than 40</td><td>120</td><td>60</td></tr>
<tr><td>8000 to 16000</td><td>40 to 80</td><td>200</td><td>100</td></tr>
<tr><td>more than 16000</td><td>more than 80</td><td>360</td><td>180</td></tr>
</table>
<u>Maintenance Dose:</u>
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.
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<tr>
<td>Anemia due to Chronic Kidney Disease – Adult patients on Dialysis</td>
<td>
<u>Initial Dose in patients who are not currently receiving treatment with an ESA:</u>
Administer 0.6 mcg/kg intravenously or subcutaneously once every 14 days.
<u>Initial Dose for patients converting from another ESA:</u>
<table>
<tr><th rowspan="2">Previous Weekly Epoetin alfa Dose (units/week)</th><th rowspan="2">Previous Weekly Darbepoetin alfa Dose (mcg/week)</th><th colspan="2">Mircera Dose</th></tr>
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</table>
<u>Maintenance Dose:</u>
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.
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</table>

Anemia due to Chronic Kidney Disease – Pediatric patients on Hemodialysis	Administer intravenously every 28 days in pediatric patients whose Hb level has been stabilized by treatment with another ESA. • Conversion from Epoetin alfa o 4 x previous weekly epoetin alfa dose (Units)/125 = dose given every 28 days o (e.g., 4 x 1500 units of epoetin alfa per week/125 = 48 mcg of Mircera every 28 days) • Conversion from Darbepoetin alfa o 4 x previous weekly darbepoetin alfa dose (mcg)/0.55 = dose given every 28 days o (e.g., 4 x 20 mcg of darbepoetin alfa per week/0.55 = 145.5 mcg of Mircera every 28 days)
–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. –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. –Dose and frequency requested are the minimum necessary for the patient to avoid RBC transfusions. –Avoid frequent dose adjustments. Do not increase the dose more frequently than once every 4 weeks; decreases can occur more frequently. –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.	

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.
2. Levin NW, Fishbane S, Cañedo FV, et al. MAXIMA study investigators. Intravenous methoxy polyethylene glycol-epoetin beta for haemoglobin control in patients with chronic kidney disease who are on dialysis: A randomised non-inferiority trial (MAXIMA). Lancet 370: 1415–1421, 2007.
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.
5. Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. KDIGO clinical practice guideline for anemia in chronic kidney disease. Kidney Int Suppl. 2012;2(suppl):279-335. https://kdigo.org/guidelines/anemia-in-ckd/. Published August 2012.
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.
7. Wisconsin Physicians Service Insurance Corporation. Local Coverage Determination (LCD): Erythropoiesis Stimulating Agents (ESAs) (L34633). Centers for Medicare & Medicaid Services, Inc. Updated on 06/22/2021 with effective dates 07/01/2021. Accessed March 2023.
8. CGS Administrators, LLC. Local Coverage Determination (LCD): Erythropoiesis Stimulating Agents (ESA) (L34356). Centers for Medicare & Medicaid Services. Updated on 02/23/2023 with effective dates 03/02/2023. Accessed March 2023.
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
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):

Jurisdiction(s): 5, 8	**NCD/LCD/LCA Document (s):** L34633
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=l34633&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Jurisdiction(s): 15	**NCD/LCD/LCA Document (s):** L34356

https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=l34356&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP

Jurisdiction(s): 15	**NCD/LCD/LCA Document (s):** A56462
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56462&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Jurisdiction(s): J, M	**NCD/LCD/LCA Document (s):** 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

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
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

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

FOR MEDICAL BENEFIT COVERAGE REQUESTS:

Prior approval is required for HCPCS Codes J0888.