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| Renal Directorate Guidelines  Royal Infirmary of Edinburgh |

**Mircera® (methoxy polyethylene glycol-epoetin beta)**

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| **Indication** | Treatment of symptomatic anaemia associated with chronic renal failure |
| **Dosage and administration** | 0.6micrograms/kg fortnightly for 12 weeks. Then 1.2micrograms/kg monthly thereafter.  **Subcutaneous injection** |
| **Concentration/strength** | Available as 30, 40, 50, 60, 75, 100, 120, 150, 200, 250, 360 microgram prefilled syringes. |
| **Stability** | Store in a refrigerator (2-8oC). |
| **Reconstitution instructions** | Pre-filled syringe-no dilution required |
| **Additional information** | Ensure patient is medically stable and iron replete with well controlled blood pressure and no contraindications to treatment.  Haemoglobin should be monitored prior to each administration and Mircera® dose adjusted accordingly. Withhold dose and contact anaemia coordinator and medical staff if Hb <105g/L or >125g/L.  If haemoglobin rise is greater than 20 g/l in one month or if the haemoglobin level is increasing and approaching 125 g/l, reduce the dose by approximately 25%.  If the haemoglobin level continues to increase, therapy should be interrupted and restarted at a dose 25% below previously administered dose once levels begin to decrease. After dose interruption a haemoglobin decrease of approximately 3.5 g/l per week is expected.  Dose adjustments should not be made more frequently than once a month.  Mircera® can cause hypertension. BP should be checked every 2 weeks prior to each administration. Contact medical staff and withhold dose if BP is greater than 170/95mmHg.  Refer to Shared Care Agreement for more information:  <https://www.ljf.scot.nhs.uk/SharedCareofMedicines/Shared%20Care%20Agrements/SCA/Erythropoiesis%20Stimulating%20Agents%20SCA%20v2.0%20FINAL.pdf> |