Corporate Medical Policy: Intravenous Iron Replacement Therapy

Restricted Product(s):

- ferric carboxymaltose (Injectafer®) intravenous infusion for administration by a healthcare professional
- ferric derisomaltose (Monoferric®) intravenous infusion for administration by a healthcare professional

FDA Approved Use:

- Ferric carboxymaltose (Injectafer®)
  - For treatment of iron deficiency anemia (IDA) in adults and pediatric patients 1 year of age and older who have either intolerance or an unsatisfactory response to oral iron
  - For treatment of iron deficiency anemia (IDA) in adults who have non-dialysis dependent chronic kidney disease
  - For treatment of iron deficiency in adults with heart failure and New York Heart Association (NYHA) class II/III to improve exercise capacity
- Ferric derisomaltose (Monoferric®)
  - For treatment of iron deficiency anemia (IDA) in adults who have intolerance to oral iron or have had unsatisfactory response to oral iron, or who have non-hemodialysis dependent chronic kidney disease

NOTE: This policy addresses ferric carboxymaltose (Injectafer) and ferric derisomaltose (Monoferric) intravenous iron therapies only.

Criteria for Medical Necessity:

The restricted product(s) may be considered medically necessary when the following criteria are met:

1. The requested agent is ferric carboxymaltose (Injectafer) or ferric derisomaltose (Monoferric); **AND**
   a. ONE of the following:
      i. The patient has tried and had an inadequate response to oral iron therapy used for at least 3 months **[medical record documentation required]**; **OR**
      ii. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to oral iron therapy **[medical record documentation required]**; **OR**
      iii. Documentation has been provided supporting the use of the requested agent over oral iron therapy **[medical record documentation required]**; **AND**
   b. ONE of the following:

i. The patient is less than 6 years of age AND ONE of the following:
    1. The patient has tried and had an inadequate response to ONE of the following **[medical record documentation required]**:
        a. Iron sucrose (Venofer®); **OR**
        b. Iron dextran (INFeD®); **OR**
    2. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to iron sucrose (Venofer) AND iron dextran (INFeD) that is not expected to occur with the requested agent **[medical record documentation required]**; **OR**

ii. The patient is at least 6 years of age and less than 18 years of age AND ONE of the following:
    1. The patient has tried and had an inadequate response to ONE of the following **[medical record documentation required]**:
        a. Sodium ferric gluconate complex in sucrose (Ferrlecit®); **OR**
        b. Iron sucrose (Venofer®); **OR**
        c. Iron dextran (INFeD®); **OR**
    2. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to sodium ferric gluconate complex in sucrose (Ferrlecit), iron sucrose (Venofer), AND iron dextran (INFeD) that is not expected to occur with the requested agent **[medical record documentation required]**; **OR**

iii. The patient is 18 years of age or older AND ONE of the following:
    1. The patient has tried and had an inadequate response to TWO of the following **[medical record documentation required]**:
        a. Sodium ferric gluconate complex in sucrose (Ferrlecit®); **OR**
        b. Iron sucrose (Venofer®); **OR**
        c. Iron dextran (INFeD®); **OR**
        d. Ferumoxytol (Feraheme®); **OR**
    2. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to sodium ferric gluconate complex in sucrose (Ferrlecit), iron sucrose (Venofer), iron dextran (INFeD), AND ferumoxytol (Feraheme) that is not expected to occur with the requested agent **[medical record documentation required]**; **AND**

2. The requested quantity does NOT exceed the maximum units allowed for the duration of approval (see table below).

Duration of Approval: 30 days (one treatment course)

<table>
<tr><th colspan="5">FDA Label Reference</th></tr>
<tr><th>Medication</th><th>Indication</th><th>Dosing</th><th>HCPCS</th><th>Maximum Units*</th></tr>
<tr>
<td>ferric carboxymaltose (Injectafer®)

intravenous (IV) infusion</td>
<td>IDA in adults and pediatric patients 1 year of age and older who have either intolerance to oral iron or an unsatisfactory response to oral iron

IDA in adults who have non-dialysis dependent chronic kidney disease

Iron deficiency in adults with heart failure and NYHA class II/III</td>
<td>IDA:
• Patients weighing ≥ 50 kg: 750 mg IV in two doses separated by at least 7 days for a total cumulative dose of 1,500 mg of iron per course; alternative dosing: 15 mg/kg up to a max of 1,000 mg as a single-dose treatment course
• Patients weighing < 50 kg: 15 mg/kg IV in two doses separated by at least 7 days for a cumulative dose not to exceed 1,500 mg of iron per course
• May be repeated if IDA reoccurs

Iron deficiency with heart failure:
• Patients weighing < 70 kg:
<table>
<tr><th></th><th colspan="3">Hb (g/dL)</th></tr>
<tr><th></th><th>< 10</th><th>10 to 14</th><th>> 14 to < 15</th></tr>
<tr><td>Day 1</td><td>1,000 mg</td><td>1,000 mg</td><td>500 mg</td></tr>
<tr><td>Week 6</td><td>500 mg</td><td>No dose</td><td>No dose</td></tr>
</table>
• Patients weighing ≥ 70 kg:
<table>
<tr><th></th><th colspan="3">Hb (g/dL)</th></tr>
<tr><th></th><th>< 10</th><th>10 to 14</th><th>> 14 to < 15</th></tr>
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<tr><td>Week 6</td><td>1,000 mg</td><td>500 mg</td><td>No dose</td></tr>
</table>
• Maintenance dose: 500 mg IV at 12, 24, and 36 weeks if serum ferritin < 100 ng/mL</td>
<td>J1439</td>
<td>1500</td>
</tr>
</table>

		or serum ferritin 100-300 ng/mL with transferrin saturation < 20% • There is no data available to guide dosing beyond 36 weeks or with hemoglobin (Hb) ≥ 15 g/dL		
ferric derisomaltose (Monoferric®) intravenous (IV) infusion	IDA in adults who have intolerance to oral iron or have had unsatisfactory response to oral iron, or who have non-hemodialysis dependent chronic kidney disease	• Patients weighing ≥ 50 kg: 1,000 mg IV over at least 20 minutes as a single dose • Patients weighing < 50 kg: 20 mg/kg IV over at least 20 minutes as a single dose • May be repeated if IDA reoccurs	J1437	**100**

References: all information referenced is from FDA package insert unless otherwise noted below.

1. Short MW, Domagalski JE. Iron deficiency anemia: evaluation and management. *Am Fam Physician*. 2013 Jan 15;87(2):98-104.

Policy Implementation/Update Information: Criteria and treatment protocols are reviewed annually by the Blue Cross NC P&T Committee, regardless of change. This policy is reviewed in Q2 annually.

October 2023: Criteria change: Added newly approved Injectafer indication for iron deficiency in adults with heart failure and NYHA class II/III, and added associated dosing in FDA Label Reference table. Updated trial and failure requirements by age according to product specific FDA labels for clarity.
April 2023: Criteria change: Removed Feraheme from the restricted product list. Restructured trial and failure requirements by age and added requirement of trial and failure of two products (i.e., Ferrlecit, Venofer, INFeD, Feraheme) for adults. **Policy notification given 2/1/2023 for effective date 4/1/2023**.
February 2022: Criteria update: Added pediatric Injectafer indication.
October 2021: Criteria change: Changed trial and failure requirement from all preferred products (Ferrlecit, Venofer, and Infed) to one preferred product (Ferrlecit, Venofer, or Infed).

October 2021: Original medical policy criteria issued. **Policy notification given 7/1/2021 for effective date 10/1/2021**.