

**PART B STEP THERAPY CRITERIA FOR APPROVAL**

**Injectafer (ferric carboxymaltose), Feraheme (ferumoxytol), and Monoferric (ferric derisomaltose)** will be approved when ALL of the following are met:

1. The requested agent is being used for ONE of the following:
  - A. An FDA approved indication

**OR**

  - B. An indication in CMS approved compendia

**AND**
2. ONE of the following:
  - A. Information has been provided that indicates the patient has been treated with the request agent in the past 365 days

**OR**

  - B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of TWO preferred agent(s)\*

**OR**

  - C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of TWO preferred agent(s)\*

**OR**

  - D. The prescriber has submitted documentation indicating TWO preferred agent(s)\* are likely to be ineffective or are likely to cause an adverse reaction or other harm to the enrollee

**Length of Approval:** up to 12 months

\*Preferred agent(s) may vary based upon indication.

<b>Targeted Part B Agent</b>	<b>Preferred Agent(s)*</b>
Injectafer (ferric carboxymaltose)	<b>Part B</b> - Venofer (iron sucrose), INFeD (iron dextran), Ferrlecit (sodium ferric gluconate complex)
Feraheme (ferumoxytol)	<b>Part B</b> - Venofer (iron sucrose), INFeD (iron dextran), Ferrlecit (sodium ferric gluconate complex)
Monoferric (ferric derisomaltose)	<b>Part B</b> - Venofer (iron sucrose), INFeD (iron dextran), Ferrlecit (sodium ferric gluconate complex)

**NOTES:**

- Prerequisite drugs may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy drug could equate to multiple drug authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.