

Iron Agents and Chelators
Feraheme (ferumoxytol)
Injectafer (ferric carboxymaltose injection)
Monoferric (ferric derisomaltose)
Effective 08/12/2024

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Notes	Feraheme and Monoferric are also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria. Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

Feraheme (ferumoxytol) is indicated for treatment of iron deficiency anemia in adult patients who have intolerance to or unsatisfactory response to oral iron or who have chronic kidney disease (CKD) and for the treatment of iron deficiency in adult patients with heart failure categorized as New York Heart Association (NYHA) class II/III to improve exercise capacity.

Injectafer (ferric carboxymaltose injection) is indicated for treatment of iron deficiency anemia in adult patients who have intolerance or have had an unsatisfactory response to oral iron or who have non-dialysis-dependent CKD.

Monoferric (ferric derisomaltose) is indicated for treatment of iron deficiency anemia in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron, or who have non-hemodialysis dependent CKD.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met:

Feraheme (ferumoxytol)

Injectafer (ferric carboxymaltose injection)

Monoferric (ferric derisomaltose)

Iron Deficiency Anemia

1. Diagnosis of iron deficiency anemia
2. Physician attestation of inadequate response or adverse reaction to **ONE** or contraindication to all of the following:
 - a. INFeD® (low molecular weight iron dextran)*
 - b. sodium ferric gluconate complex
 - c. Venofer® (iron sucrose)
3. If request is for Brand Name Feraheme®, the member must meet the above criteria and provide medical records documenting an inadequate response or adverse reaction to the generic ferumoxytol (*refer to non-FDA approved and non-rebate medications guidelines*)

**If any of the following contraindications to treatment with INFeD® (low molecular weight iron dextran) are documented by the prescriber, a trial with INFeD® (low molecular weight iron dextran) may be bypassed; however, trial with sodium ferric gluconate complex or Venofer® (iron sucrose) may still be appropriate:*

- a. *Pregnancy*
- b. *Asthma*
- c. *Hepatic impairment*
- d. *Acute kidney infection*
- e. *Rheumatoid arthritis*
- f. *Hypersensitivity to any component of the formulation*

Injectafer (ferric carboxymaltose injection)

Iron Deficiency in Adult Patients with Heart Failure

1. Diagnosis of iron deficiency in adult patients with heart failure categorized as NYHA class II/III
2. Member is ≥ 18 years of age
3. Inadequate response or adverse reaction to ONE or contraindication to ALL of the following:
 - a. INFeD (low molecular weight iron dextran)
 - b. sodium ferric gluconate complex
 - c. Venofer (iron sucrose)
4. Appropriate dosing based on hemoglobin level

Continuation of Therapy

For iron deficiency anemia: Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals may be granted for:
 - a. Iron deficiency in anemia: 6 months
 - b. Iron deficiency in heart failure: 9 months
2. Reauthorizations may be granted for:
 - a. Iron deficiency in anemia: 1 month or treatment course requested up to 12 months

References



1. Injectafer® [package insert]. Shirley (NY): American Regent, Inc; 2023 May
2. Feraheme® [package insert]. Lexington (MA): AMAG Pharmaceuticals, Inc; 2022 Jun
3. Monoferric® [prescribing information]. Morristown (NJ): Pharmacosmos Therapeutics Inc.; 2022 Aug.

Review History

07/10/24 – Reviewed and updated for P&T. Separated Injectafer, Feraheme, Monoferric from Iron Agents and Chelators guideline due to individual benefit. Injectafer is MBO. Feraheme and Monoferric are dual. Moved criteria for iron deficiency in anemia and added new criteria for iron deficiency in heart failure for Injectafer. Effective 8/12/24

