

Iron Agents and Chelators
Triferic (ferric pyrophosphate citrate)
Effective 07/01/2025

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.			

Overview

Triferic is an iron replacement product indicated for the replacement of iron to maintain hemoglobin in adult patients with hemodialysis-dependent chronic kidney disease (HDD-CKD).

Limitations:

Triferic is not intended for use in patients receiving peritoneal dialysis.

Triferic has not been studied in patients receiving home hemodialysis.

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:

1. Diagnosis for the replacement of iron to maintain hemoglobin in adult patients with hemodialysis-dependent chronic kidney disease
2. Trials of all appropriate alternatives whose manufacturers participate in the federal rebate program
3. Documentation of clinical rationale for the use of a drug whose manufacturer does not participate in the federal rebate program

Continuation of Therapy

Physician submits medical records (e.g., chart notes) documenting a therapeutic response to treatment

Limitations

1. Approvals will be granted for 1 year

References

1. Triferic [package insert on the internet]. Wixom (MI): Rockwell Medical, Inc; 2018 Apr

Review History

06/11/25 – Created for P&T. Matched MH criteria in preparation for the MB alignment/HOPA per MH. Effective 7/1/25

