Original Effective Date: 08/01/2018
Current Effective Date: 09/15/2024
Last P&T Approval/Version: 7/31/2024
Next Review Due By: 07/2025
Policy Number: C14569-A

Iron Deficiency Anemia Agents

PRODUCTS AFFECTED

Feraheme (ferumoxytol), Injectafer (ferric carboxymaltose), Monoferric (ferric derisomaltose)

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Iron deficiency anemia, Iron deficiency with heart failure

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. IRON DEFICIENCY ANEMIA:
1. Documentation of member having iron deficiency anemia evidenced by a laboratory report within the last 14 days of a Hgb level of <12 g/dL AND Ferritin ≤100 ng/mL OR Ferritin ≤300 ng/mL when transferrin saturation (TSAT) ≤30% [DOCUMENTATION REQUIRED]

AND

2. (a) Documentation the member has experienced an inadequate response to a consistent trial of oral iron or has documented serious side effects or contraindication to oral iron therapy
   OR
   (b) Documentation member has been diagnosed with a condition in which oral iron is not appropriate which includes ANY of the following: (i) member is unable to tolerate gastrointestinal side effects of oral iron, (ii) member has a malabsorption syndrome, (iii) member has had gastric surgery that impairs the intestinal absorption of oral iron, (iv) member has severe or ongoing blood loss, (v) member is in second trimester of pregnancy with hemoglobin <10.5g, (vi) member is in third trimester of pregnancy or (vii) member is being treated for an oncology indication
   AND
3. (a) Documentation of treatment failure or serious side effects to Infed, Venofer, or Ferrlecit
   OR
   (b) IF BEING USED FOR CANCER OR CHEMO-RELATED ANEMIA: Prescriber attestation of medical necessity for requested iron preparation.

B. IRON DEFICIENCY WITH HEART FAILURE:

1. Documented diagnosis of chronic heart failure with left ventricular ejection fraction of < 45% and New York Heart Association (NYHA) class II/III
   AND
2. Documentation of iron deficiency evidenced by a laboratory report within the last 14 days of a Hgb level of <15 g/dL AND Ferritin ≤100 ng/mL OR Ferritin ≤300 ng/mL when transferrin saturation (TSAT) ≤20% [DOCUMENTATION REQUIRED]
   AND
3. (a) Documentation the member has experienced an inadequate response to a consistent trial of oral iron or has documented serious side effects or contraindication to oral iron therapy
   OR
   (b) Documentation member has been diagnosed with a condition in which oral iron is not appropriate which includes ANY of the following: (i) member is unable to tolerate gastrointestinal side effects of oral iron, (ii) member has a malabsorption syndrome, (iii) member has had gastric surgery that impairs the intestinal absorption of oral iron, (iv) member has severe or ongoing blood loss, (v) member is in second trimester of pregnancy with hemoglobin <10.5g, (vi) member is in third trimester of pregnancy or (vii) member is being treated for an oncology indication
   AND
4. Documentation of treatment failure or serious side effects to Infed, Venofer, or Ferrlecit

CONTINUATION OF THERAPY:

A. IRON DEFICIENCY ANEMIA:

1. Documentation of labs, chart notes supporting additional need due to continued low hemoglobin levels [DOCUMENTATION REQUIRED]
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

B. IRON DEFICIENCY WITH HEART FAILURE:

1. Documentation of labs, chart notes supporting additional need due to continued hemoglobin less than 15 g/dL AND Ferritin <100 ng/mL OR Ferritin ≤300 ng/mL when transferrin saturation (TSAT) <20% [DOCUMENTATION REQUIRED]
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:

Iron Deficiency Anemia: Initial authorization: 1 month, Continuation of Therapy: 3 months

Iron Deficiency with Heart Failure: Initial authorization: 3 months, Continuation of Therapy: 6 months
NOTE: There are no data available to guide dosing beyond 36 weeks for iron deficiency with heart failure.

PRESCRIBER REQUIREMENTS:
No requirements

AGE RESTRICTIONS:
No restrictions

QUANTITY:
Feraheme (ferumoxytol): 1020 mg per 28 days

Injectafer (ferric carboxymaltose):
Iron Deficiency Anemia: For patients weighing 50 kg or more: 1500 mg per 28 days (2 dose course), OR 15 mg/kg (max 1000 mg) for single dose treatment course; <50 kg: 15 mg/kg body weight in two doses
Iron Deficiency: 500mg or 1000mg on Day 1 and Week 6 (depending on weight and hemoglobin [See Appendix]), followed by 500mg weeks 12, 24, and 36

Monoferric (ferric derisomaltose): For patients weighing 50 kg or more: 1000 mg; <50 kg: 20 mg/kg actual body weight per 28 days

Maximum Quantity Limits – Per FDA label for individual product

PLACE OF ADMINISTRATION:
The recommendation is that infused medications in this policy will be for pharmacy or medical benefit coverage administered in a place of service that is a non-inpatient hospital facility-based location.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intravenous Infusion

DRUG CLASS:
Iron Salts

FDA-APPROVED USES:
Feraheme (ferumoxytol): Indicated for the treatment of iron deficiency anemia (IDA) in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron or who have chronic kidney disease (CKD).

Injectafer (ferric carboxymaltose): Indicated for the treatment of iron deficiency anemia (IDA) in adult and pediatric patients 1 year of age and older who have either intolerance or an unsatisfactory response to oral iron; adult patients who have non-dialysis dependent chronic kidney disease; iron deficiency in adult patients with heart failure and New York Heart Association class II/III to improve exercise capacity.

Monoferric (ferric derisomaltose): Indicated for the 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 chronic kidney disease.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

Dosing Table for Iron Deficiency with Heart Failure

	Weight less than 70kg			Weight 70kg or more		
	Hb (g/dL)			Hb (g/dL)		
	<10	**10 to 14**	**<14 to <15**	**<10**	**10 to 14**	**<14 to <15**
Day 1	1000mg	1000mg	500mg	1000mg	1000mg	1000mg
Week 6	500mg	No dose	No dose	1000mg	500mg	No dose

Administer a maintenance dose of 500 mg at 12, 24 and 36 weeks if serum ferritin <100 ng/mL or serum ferritin 100-300 ng/mL with transferrin saturation <20%. There are no data available to guide dosing beyond 36 weeks or with Hb ≥15 g/dL.

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Iron deficiency anemia occurs when the body's red blood cell production is reduced due to low iron stores. Worldwide, iron deficiency anemia is the most common nutritional disorder. It is estimated that one-half of anemia cases are due to iron deficiencies. Iron deficiency anemia is most commonly seen in patients with certain types of cancer, chronic kidney disease (CKD), premenopausal women with abnormal bleeding, pregnancy, inflammatory bowel disease, and some gastrointestinal disorders.5 Iron deficiency anemia also occur in other chronic conditions or due to surgery. In most instances, oral iron replacement therapy should be attempted prior to parenteral iron administration. Some conditions, namely cancer, CKD, inflammatory bowel disease and others may be inappropriate to use oral iron replacement therapy.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Feraheme (ferumoxytol), Monoferric (ferric derisomaltose), and Injectafer (ferric carboxymaltose) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Feraheme (ferumoxytol), Monoferric (ferric derisomaltose), and Injectafer (ferric carboxymaltose) include: hypersensitivity to the product, including inactive components. Feraheme is also contraindicated in patients with a history of allergic reaction to any intravenous iron product.

OTHER SPECIAL CONSIDERATIONS:

Feraheme (ferumoxytol) has a Black Boxed Warning for risk for serious hypersensitivity/anaphylaxis reactions.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
J1437	Injection, ferric derisomaltose, 10 mg
J1439	Injection, ferric carboxymaltose, 1mg
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1mg (non-esrd use)
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia 1mg (for esrd on dialysis)

AVAILABLE DOSAGE FORMS:

Feraheme 510 mg/17mL single-dose vial

REFERENCES

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3. Monoferric (ferric derisomaltose) injection, for intravenous use [prescribing information]. Morristown, NJ. Pharmacosmos Therapeutics Inc. February 2022.
4. World Health Organization. Iron Deficiency Anemia: Assessment, Prevention, and Control: A Guide for Program Managers. Geneva, Switzerland: World Health Organization; 2001.
5. Johnson-Wimbley TD, Graham DY. Diagnosis and management of iron deficiency anemia in the 21st century. Therap Adv Gastroenterol. 2011;4(3):177–184.
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8. National Comprehensive Cancer Network. 2023. Hematopoietic Growth Factors (Version 2.2023). [online] Available at: < growthfactors.pdf (nccn.org) > [Accessed 13 June 2023].
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10. Layla Van Doren, Steinheiser, M., Boykin, K., Taylor, K. J., Menendez, M., & Auerbach, M. (2024). Expert consensus guidelines: Intravenous iron uses, formulations, administration, and management of reactions. American Journal of Hematology, 99(7). https://doi.org/10.1002/ajh.27220

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information References	Q3 2024
REVISION- Notable revisions: Diagnosis Required Medical Information Continuation of Therapy Duration of Approval Quantity FDA-Approved Uses Appendix Contraindications/Exclusions/Discontinuation Other Special Considerations Available Dosage Forms References	Q3 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Quantity References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file