Field Name	Field Description
Prior Authorization Group Description	Injectable Iron
Drugs	Injectafer (ferric carboxymaltose) Ferumoxytol (Feraheme) Monoferric (ferric derisomaltose)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See "other criteria"
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	If all of the criteria are met, request may be approved for: • Injectafer: two (2) doses of up to 750 mg maximum at least seven (7) days apart, or 1 dose of up to 1000 mg maximum once. May reapprove for recurrent anemia • Ferumoxytol (Feraheme): 2 doses of 510 mg maximum at least 3-8 days apart. May re-approve for persistent or recurrent anemia Monoferric (ferric derisomaltose): 1 dose of up to 1000 mg maximum once. May re-approve for recurrent anemia
Other Criteria	**Drug is being requested through the member's medical benefit** Initial Authorization • Diagnosis of iron deficiency anemia o Members who have intolerance to oral iron or have tried and failed oral iron, or o Members for whom initiation of oral iron would be medically contraindicated (such as malabsorption syndromes, severe blood loss, etc.) or o Member is a dialysis patient • Medication is being prescribed at an age appropriate FDA approved dose or is supported by compendia or standard of care guidelines • The member has tried and failed, has an intolerance, or inability to use one of the following: iron dextran (Infed), iron sucrose (Venofer), or sodium ferric gluconate complex (Ferrlecit) OR • Diagnosis of iron deficiency in adult patients with heart failure and New York Heart Association class II/III (Injectafer only)

Revision/Review Date: 7/2025	**Reauthorization** • **Medication is being prescribed at an FDA approved dose or is supported by compendia or standard of care guidelines** • **Documentation provided that member had a positive response to therapy (as evidenced by improved lab values such as hemoglobin, ferritin, transferrin saturation) but continues to have iron deficiency or iron deficiency anemia** **Medical Director/clinical reviewer may override criteria when, in his/her professional judgement, the requested item is medically necessary.**