

Iron Products

HCPCS: J1750 Injection, iron dextran, 50mg (Infed); J1439 Injection, ferric carboxymaltose, 1mg (Injectafer); J1437 ferric derisomaltose (Monoferric) 10mg injection

LOB:	MCAL
Duration of Approval:	Six months
Quantity Limit:	Per FDA Approved/Compendia Supported Dosing
MCG Available:	No
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

- Infed (iron dextran) injection
- Injectafer (ferric carboxymaltose) injection
- Monoferric (ferric derisomaltose) injection

PA Criteria for Approval

New/Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (*refer to package insert under References*), a compendia-supported (Drugdex or AHFS) indication **OR** a diagnosis of iron deficiency anemia (IDA) and member meets **ONE** of the following:
 - a) Intolerance or inadequate response to oral iron
 - b) Member on dialysis
 - c) Prior gastric surgery or gastrointestinal disorder (e.g., celiac disease, inflammatory bowel disease)
 - d) Third trimester pregnancy
 - e) Severe or ongoing blood loss
 - f) Cancer-associated or chemo-associated iron deficiency and currently receiving an erythroid stimulating agent (ESA) therapy
 - g) Transferrin saturation (TSAT) < 12% or hemoglobin (Hgb) < 7g/dL**AND**
2. The member has a history of failure, contraindication or reasons for intolerance to ONE of the following: ferumoxytol (Feraheme), iron sucrose (Venofer) or sodium ferric gluconate complex (Ferrlecit)
AND
3. Request is for FDA-approved or compendia-supported (Drugdex or AHFS) dosing
[Iron Dextran calculator: <https://globalrph.com/medcalcs/iron-dextran-dosing-calculator-iron-deficit/>]

DOSAGE/ADMINISTRATION:

Drug Name	Dosage/Administration
iron dextran (Infed)	Iron Deficiency Anemia (off-label dosing) ▪ 1 gram intravenous (IV) as single dose (fixed dose). A 25mg test dose may be administered prior to starting iron dextran therapy

OTHER INFORMATION:

HCPCS	Description	Brand name
J1439	Injection, ferric carboxymaltose, 1mg	Injectafer
J1750	Injection, iron dextran, 50mg	Infed
J1437	Injection, ferric derisomaltose, 10mg	Monoferric

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REFERENCES:

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P&T APPROVAL HISTORY:

November 2020 P&T Drug Review

UMC REVIEW:

4/2026