CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Iron Replacement – Ferric Carboxymaltose Utilization Management Medical Policy
- Injectafer® (ferric carboxymaltose intravenous infusion or slow injection – American Regent, generics)

REVIEW DATE: 01/07/2026; selected revision 09/30/2026

OVERVIEW

Ferric carboxymaltose (Injectafer, generics), an intravenous iron replacement product, is indicated for the treatment of:[1]

- **Iron deficiency anemia** (IDA), in adult and pediatric patients ≥ 1 year of age who have either an intolerance or an unsatisfactory response to oral iron.
- **IDA,** in patients ≥ 18 years of age with **non-dialysis dependent chronic kidney disease** (CKD).
- **Iron deficiency**, in patients ≥ 18 years of age with **heart failure** and New York Heart Association class II/III to improve exercise capacity.

Dosing Information

Ferric carboxymaltose is administered by intravenous (IV) infusion or slow injection and treatment may be repeated if iron deficiency remains persistent or recurring.[1] For treatment of IDA, in patients weighing ≥ 50 kg, the recommended dose is up to 750 mg per dose with a total cumulative dose not to exceed 1500 mg per treatment course. For patients weighing < 50 kg, the recommended dose is 15 mg/kg in two doses separated by at least 7 days per course. For adult patients weighing ≥ 50 kg, an alternative dose of 15 mg/kg body weight up to a maximum of 1,000 mg may be administered IV as a single-dose per course.

See Table 1 for recommended dosage of ferric carboxymaltose for the treatment of iron deficiency with heart failure.

Table 1. Recommended Dosage of Ferric Carboxymaltose in Patients with Iron Deficiency with Heart Failure.[1]

	Weight < 70 kg			Weight ≥ 70 kg		
	Hb < 10 g/dL	**Hb 10-14 g/dL**	**Hb >14 to <15 g/dL***	**Hb < 10 g/dL**	**Hb 10-14 g/dL**	**Hb >14 to < 15 g/dL***
Day 1	1,000 mg	1,000 mg	500 mg	1,000 mg	1,000 mg	500 mg
Week 6	500 mg	No dose	No dose	1,000 mg	500 mg	No dose
Beyond Week 6	Administer a **maintenance dose** of 500 mg at 12, 24 and 36 weeks if serum ferritin < 100 ng/mL or serum ferritin 100 to 300 ng/mL with transferrin saturation < 20%.*					

Hb – hemoglobin; *There are no data available to guide dosing beyond 36 weeks or with Hb ≥15 g/dL.

Guidelines

Anemia in CKD

The Kidney Disease: Improving Global Outcomes (KDIGO) clinical practice guideline for anemia in CKD (2025) makes various recommendations regarding iron therapy.[2] For patients with CKD and anemia receiving hemodialysis, initiation of IV iron is suggested if transferrin saturation (TSAT) is ≤ 30% and ferritin is ≤ 500 ng/mL. For patients with CKD and anemia who are not receiving hemodialysis or treated with peritoneal dialysis, initiation of oral or IV iron is suggested if TSAT is < 40% and ferritin < 100 ng/mL or if TSAT < 25% with ferritin ≥ 100 ng/mL and < 300 ng/ml. For patients with CKD and profound iron deficiency (TSAT < 20% and ferritin < 30 ng/mL) but no anemia, consider treatment with oral or IV iron. Additional practice points are noted such as a switch from oral to IV iron if there is an insufficient effect of

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an optimal oral regimen after 1 to 3 months. KDIGO also notes the choice between different formulations of IV iron should be guided by individual considerations and recommended dosing schedules.

Cancer-Related Anemia
The National Comprehensive Cancer Network guidelines on hematopoietic growth factors (version 3.2026 – December 5, 2025) discuss the management of cancer- and chemotherapy-induced anemia.[3] Treatment for iron deficiency is guided by iron status, which is defined in the guidelines as: absolute iron deficiency, functional iron deficiency, possible functional iron deficiency, or no iron deficiency, and use in combination with erythropoiesis-stimulating agents (ESAs). IV iron therapy is considered an option for patients with absolute iron deficiency (ferritin < 30 ng/mL and TSAT < 20%) and possible functional iron deficiency (ferritin > 500-800 ng/mL and TSAT < 50%) in selected patients (with the goal of avoiding allogeneic transfusion). IV iron therapy is also considered an option in combination with ESAs for the treatment of functional iron deficiency (ferritin 30 to 500 ng/mL and TSAT < 50%) in patients receiving myelosuppressive chemotherapy without curative intent and absolute iron deficiency (ferritin < 30 ng/mL and TSAT < 20%) in patients who do not experience an increase in hemoglobin after four weeks of IV or oral iron supplementation. All recommendations are category 2A for each product.

Heart Failure
The American College of Cardiology/American Heart Association guideline for the management of heart failure (2022) states that in patients with heart failure with reduced ejection fraction (left ventricular ejection fraction ≤ 40%), absolute iron deficiency (ferritin < 100 ng/mL) or functional iron deficiency (ferritin = 100 to 300 ng/mL if TSAT is < 20%), and with or without anemia, IV iron replacement is reasonable to improve functional status and quality of life (2a recommendation).[4]

Safety
Ferric carboxymaltose has a Boxed Warning regarding symptomatic hypophosphatemia.[1] Symptomatic hypophosphatemia with serious outcomes including osteomalacia and fractures requiring clinical intervention has been reported in patients treated with ferric carboxymaltose in the post-marketing setting.

POLICY STATEMENT
Prior Authorization is recommended for medical benefit coverage of ferric carboxymaltose. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with ferric carboxymaltose as well as the monitoring required for adverse events and long-term efficacy, particular approvals require ferric carboxymaltose to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

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RECOMMENDED AUTHORIZATION CRITERIA

Coverage of ferric carboxymaltose is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Iron Deficiency Anemia in Patients with Chronic Kidney Disease who are NOT on Dialysis**. Approve for 1 year if the patient meets BOTH of the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) The medication is prescribed by or in consultation with a nephrologist or hematologist.
   Dosing. Approve up to a maximum cumulative total dose of 1500 mg given intravenously per 30 days.

2. **Iron Deficiency Anemia, Other.** Approve for 1 year if the patient meets BOTH of the following (A and B):
   A) Patient is ≥ 1 year of age; AND
   B) Patient meets ONE of the following (i, ii, iii, or iv):
      i. Patient meets BOTH of the following (a and b):
         a) Patient has tried oral iron supplementation; AND
         b) According to the prescriber, oral iron supplementation was ineffective or intolerable; OR
      ii. According to the prescriber, patient has a condition that will interfere with oral iron absorption; OR
      Note: Examples of conditions that may interfere with oral iron absorption may include inflammatory bowel disease such as Crohn's disease or ulcerative colitis.
      iii. Patient is currently receiving an erythropoiesis-stimulating agent; OR
      Note: Examples of erythropoiesis-stimulating agents include an epoetin alfa product, a darbepoetin alfa product, or a methoxy polyethylene glycol-epoetin beta product.
      iv. The medication is being requested for cancer- or chemotherapy-related anemia.

   Dosing. Approve up to a maximum cumulative total dose of 1500 mg given intravenously per 30 days.

3. **Iron Deficiency Associated with Heart Failure.** Approve for 1 year if the patient meets BOTH of the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) The medication is being prescribed by or in consultation with a cardiologist or hematologist.

   Dosing. Approve up to a maximum cumulative total dose of 1500 mg given intravenously per 30 days.

Other Uses with Supportive Evidence

4. **Iron Deficiency Anemia in Patients with Chronic Kidney Disease who are on Dialysis**. Approve for 3 years.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of ferric carboxymaltose is not recommended in the following situations:

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1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Injectafer® intravenous infusion or slow injection [prescribing information]. Shirley, NY: American Regent; August 2026.
2. Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. 2025 KDIGO Clinical Practice Guideline for Anemia in Chronic Kidney Disease (*November 2024 Public Review Draft*). Available at: https://kdigo.org/guidelines/anemia-in-ckd/. Accessed on December 15, 2025.
3. The NCCN Hematopoietic Growth Factors Guidelines in Oncology (version 3.2026 – December 5, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 16, 2025.
4. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines [published correction appears in *J Am Coll Cardiol*. 2023 Apr 18;81(15):1551]. *J Am Coll Cardiol*. 2022;79(17):e263-e421.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	01/10/2024
Annual Revision	**Iron Deficiency Anemia, Other:** The verbiage "patient has a condition which, per the prescriber, will interfere with oral iron absorption" was updated to "according to the prescriber, patient has a condition that will interfere with oral iron absorption". Examples of "conditions that may interfere with oral iron absorption" were moved from the criteria to a Note. The term "erythroid-stimulating agents" was updated to "erythropoiesis-stimulating agents".	01/15/2025
Annual Revision	No criteria changes.	01/07/2026
Selected Revision	The name of the policy was changed from *Iron Replacement – Injectafer* to as listed. Generic ferric carboxymaltose was added to the policy with the same requirements as Injectafer. Throughout the policy, references to "Injectafer" were changed to "ferric carboxymaltose."	09/30/2026

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