



SmartPA Criteria Proposal

| Drug/Drug Class: | Iron – Injectable Step Therapy Edit | |
|----------------------------|---|--|
| First Implementation Date: | November 19, 2020 | |
| Proposed Date: | July 18, 2023 | |
| Prepared for: | MO HealthNet | |
| Prepared by: | MO HealthNet/Conduent | |
| Criteria Status: | ⊠Existing Criteria □Revision of Existing Criteria □New Criteria | |

Executive Summary

Purpose: Ensure appropriate utilization and control of injectable iron therapy

Why Issue Selected:

Iron deficiency anemia is the most common nutritional disorder in the world, accounting for approximately 50% of anemia cases. It is estimated that there are 8–9 million patients in the U.S. who suffer from iron deficiency anemia. Also, the most common reversible cause of chronic anemia or worsening anemia in patients with chronic kidney disease (CKD), other than anemia related directly to CKD, is iron deficiency anemia. Once discovered, the underlying cause of anemia should be treated. Oral iron therapy is used initially to replenish the body's iron stores; injectable iron therapy may be used in patients who cannot tolerate or absorb the oral agents. Due to the high cost, MO HealthNet will impose clinical criteria to ensure appropriate utilization of injectable iron therapies.

Program-Specific Information:

| Date Range FFS 4-1-2022 to 3-31-2023 | | | | |
|--------------------------------------|--------|----|------------|------------------------|
| Drug | Claims | | Spend | Avg Spend per Claim |
| FERAHEME 510 MG/17 ML VIAL | 13 | 69 | 4,620.25 | \$ 355.40 |
| FERRLECIT 62.5 MG/5 ML VIAL | 1,967 | 69 | 22,150.62 | \$ 11.26 |
| FERRLECIT GENERIC 62.5 MG/5 | 941 | 69 | 12,918.21 | \$ 13.73 |
| INFED 100 MG/2 ML VIAL | 558 | \$ | 118,857.54 | \$ 213.01 |
| INJECTAFER 100 MG/2 ML VIAL | 0 | | - | - |
| INJECTAFER 750 MG/15 ML VIAL | 89 | \$ | 67,375.16 | \$ 757.02 |
| INJECTAFER 1,000 MG/20 ML VIAL | 0 | | - | - |
| MONOFERRIC 1,000 MG/10 ML VIAL | 5 | \$ | 12,867.77 | \$ 2,573.55 |
| TRIFERIC 27.2 MG/5 ML AMP | 0 | | - | - |
| TRIFERIC 272 MG PWD PKT | 0 | | - | - |
| VENOFER 100 MG/5 ML VIAL | 15,179 | \$ | 908,968.89 | \$ 59.88 |
| VENOFER 200 MG/10 ML VIAL | 838 | \$ | 55,564.72 | \$ 67.11 |
| VENOFER 50 MG/2.5 ML VIAL | 7,315 | \$ | 133,208.30 | \$ 18.21 |

| Type of Criteria: | ☐ Increased risk of ADE☒ Appropriate Indications | ☐ Preferred Drug List☑ Step Therapy Edit |
|-------------------|---|---|
| Data Sources: | □ Only Administrative Databases | ☐ Databases + Prescriber-Supplied |

Setting & Population

- Drug class for review: Injectable iron therapy
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Claim for Ferrlecit, Infed, Triferic, or Venofer OR
- Claim for Feraheme, Injectafer, or Monoferric:
 - Documented diagnosis of iron deficiency anemia AND
 - Documented adequate therapeutic trial, intolerance, or contraindication to oral iron therapy (defined as 60 days in the past 90 days) AND
 - Documented adequate therapeutic trial, intolerance, or contraindication to at least 2 of the following agents: Infed, Ferrlecit, or Venofer (trial defined as 1 claim in the past 90 days) AND
 - o Participant is dialysis dependent: Feraheme only
 - o For Feraheme or Monoferric: Participant aged 18 years or older

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Claim for Injectafer or Monoferric: participant is dialysis dependant
- Claim exceeds approved dosing limitations:
 - o Feraheme: 34 ml per 25 days
 - o Injectafer 100 mg/2 ml vial: 28 ml per 25 days
 - o Injectafer 750 mg/15 ml vial: 30 ml per 25 days
 - o Injectafer 1,000 mg/20 ml vial: 20 ml per 25 days

| o Monoferric: 10 ml per 25 days |
|---|
| Required Documentation |
| Laboratory Results: MedWatch Form: Progress Notes: Other: X |
| Disposition of Edit |
| Denial: Exception code "0681" (Step Therapy) Rule Type: CE |
| Default Approval Period |
| 6 months |

References

- Injectafer® (ferric carboxymaltose injection) [package insert]. Shirley, NY: American Regent, Inc.; February 2022.
- Feraheme® (ferumoxytol injection) [package insert]. Waltham, MA: AMAG Pharmaceuticals, Inc.; June 2022.

SmartPA Clinical Proposal Form

© 2023 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

- Monoferric® (ferric derisomaltose) [package insert]. Morristown, NJ: Pharmacosmos Therapeutics Inc.; February 2022.
- KDIGO Clinical Practice Guideline for Anemia in Chronic Kidney Disease. Kidney Int Suppl 2012; 2:279-335. https://kdigo.org/wp-content/uploads/2016/10/KDIGO-2012-Anemia-Guideline-English.pdf
- Short M, et al. Iron Deficiency Anemia: Evaluation and Management. Am Fam Physician. 2013;87(2):98-104. https://www.aafp.org/afp/2013/0115/p98.html
- IPD Analytics. Hematologic: Iron Deficiency/Replacement. Accessed May 5, 2023.
- Facts & Comparisons. Iron Parenteral. Accessed May 5, 2023.

