

## Feraheme® (ferumoxytol)

### (Intravenous)

Document Number: MH-0495

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**Dates Reviewed: 10/2019, 07/2020, 12/2021**

**Customization Dates: 04/2022**

**Effective Dates: 04/2022**

### I. Length of Authorization

Coverage will be provided for 35 days.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Feraheme 510 mg/17 mL single-use dose vial: 2 vials per 28 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- Q0138 (non-ESRD): 1020 billable units per 28 days
- Q0139 (ESRD): 1020 billable units per 28 days

### III. Initial Approval Criteria <sup>1-14</sup>

Coverage is provided in the following conditions:

- **Patient had an inadequate response, or has a contraindication or intolerance, to sodium ferric gluconate complex (Ferrlecit®) OR iron dextran (INFeD®) OR iron sucrose (Venofer®); OR**
  - **Patient is continuing treatment with Feraheme; OR**
  - **Patient would have a life threatening situation if required to meet step therapy requirements; AND**
- Patient must be at least 18 years of age; **AND**
  - Other causes of anemia (e.g., blood loss, vitamin deficiency, etc.) have been ruled out; **AND**
  - The patient does not have a history of allergic reaction to any intravenous iron product; **AND**
  - Other supplemental iron is to be discontinued prior to administration of ferumoxytol; **AND**

- Patient is not anticipated to require magnetic resonance imaging (MRI) during the 3-month period following the last ferumoxytol dose as it is known to alter these imaging studies; **AND**
- Laboratory values must be obtained within 28 days prior to the anticipated date of administration; **AND**

#### **Iron deficiency anemia due to chronic kidney disease (CKD) †<sup>1,5-7,14</sup>**

- Patient has a transferrin saturation (TSAT)  $\leq 30\%$  **AND** ferritin is  $\leq 500$  ng/mL; **AND**
  - The patient is hemodialysis-dependent (HDD-CKD); **AND**
    - Patient has a hemoglobin (Hb)  $< 11.5$  g/dL; **OR**
  - The patient is not receiving dialysis (NDD-CKD); **AND**
    - Patient has a Hb  $< 11$  g/dL; **AND**
    - Patient had an insufficient response or intolerance to a  $\geq 1$ -month trial of oral iron

#### **Iron deficiency anemia in patients intolerant to or who have had unsatisfactory response to oral iron †<sup>1,4</sup>**

- Patient had an intolerance or inadequate response to a minimum of 14 days of oral iron; **AND**
- The patient has a Hb  $< 12$  g/dL for females or  $< 14$  g/dL for males; **AND**
  - The patient has a transferrin saturation (TSAT)  $\leq 20\%$ ; **OR**
  - The patient has a ferritin  $\leq 100$  ng/mL

#### **Cancer- and chemotherapy-induced anemia ‡<sup>11,12</sup>**

- Used as a single agent; **AND**
  - Patient has absolute iron deficiency defined as ferritin  $< 30$  ng/mL **AND** a TSAT  $< 20\%$ ; **OR**
  - Patient has functional iron deficiency defined as ferritin  $> 500 - 800$  ng/mL **AND** a TSAT  $< 50\%$  with the goal of avoiding allogenic transfusion; **OR**
- Used in combination with erythropoiesis-stimulating agents (ESAs); **AND**
  - Patient has absolute iron deficiency defined as ferritin  $< 30$  ng/mL **AND** a TSAT  $< 20\%$  and failed to demonstrate an increase in Hb after 4 weeks of IV or oral iron therapy; **OR**
  - Patient has functional iron deficiency defined as ferritin  $30 - 500$  ng/mL **AND** a TSAT  $< 50\%$  and is receiving myelosuppressive chemotherapy without curative intent

† FDA Approved Indication(s); ‡ Compendia recommended indication(s);  $\Phi$  Orphan Drug

#### IV. Renewal Criteria <sup>1-14</sup>

Refer to initiation criteria

#### V. Dosage/Administration <sup>1,11</sup>

Indication	Dose
All indications	Administer 510 mg dose followed by a second 510 mg dose 3 to 8 days later <ul style="list-style-type: none"><li>Evaluate response at least one month following the second infusion</li></ul>

#### VI. Billing Code/Availability Information

##### HCPCS:

- Q0138: Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD)
- Q0139: Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (ESRD)

##### NDC:

- Feraheme 510 mg/17 mL single-dose vial: 59338-0775-xx

#### VII. References

- Feraheme [package insert]. Waltham, MA; AMAG Pharmaceuticals, Inc. September 2020. Accessed November 2021.
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- Singh A, Patel T, Hertel J, et al. Safety of ferumoxytol in patients with anemia and CKD. *Am J Kidney Dis.* 2008 Nov;52(5):907-15.
- Spinowitz BS, Kausz AT, Baptista J, et al. Ferumoxytol for treating iron deficiency anemia in CKD. *J Am Soc Nephrol.* 2008 Aug;19(8):1599-605.

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11. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) ferumoxytol. National Comprehensive Cancer Network, 2021. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed November 2021.
12. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Hematopoietic Growth Factors 4.2021. National Comprehensive Cancer Network, 2021. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed November 2021.
13. Wish JB. Assessing iron status: beyond serum ferritin and transferrin saturation. Clin J Am Soc Nephrol. 2006 Sep;1 Suppl 1:S4-8.
14. Macdougall IC, Strauss WE, McLaughlin J, Li Z, et al. A randomized comparison of ferumoxytol and iron sucrose for treating iron deficiency anemia in patients with CKD. Clin J Am Soc Nephrol. 2014;9(4):705-712. doi: 10.2215/CJN.05320513.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic disease classified elsewhere
D64.81	Anemia due to antineoplastic chemotherapy

Z51.11	Encounter for antineoplastic chemotherapy
Z51.89	Encounter for other specified aftercare

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Articles (LCAs) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC