INDICATIONS
Injectafer® (ferric carboxymaltose injection) is an iron replacement product indicated for the treatment of iron deficiency anemia (IDA) in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron, and in adult patients with non-dialysis dependent chronic kidney disease.

SELECTED SAFETY INFORMATION
CONTRAINDICATIONS
Injectafer is contraindicated in patients with hypersensitivity to Injectafer or any of its inactive components.

Click here to see the Full Prescribing Information.
IV Iron Hotline specialists are here to help:

**INSURANCE VERIFICATION REQUESTS**
- Reimbursement specialists will determine patient benefit levels and discuss potential billing options with patient consent
- An Insurance Verification Request Form can be downloaded at [www.injectaferhcp.com](http://www.injectaferhcp.com)

**CLAIMS APPEALS**
- The hotline helps track claims throughout the appeals process, which includes regular follow-up with payers to help navigate the complex reimbursement process
- If a claim is denied, our program staff is available to coordinate the appeals process

**ALTERNATIVE FUNDING SEARCH**
- The hotline can provide information about third-party organizations that may help with the cost of Injectafer for patients with government-sponsored insurance such as Medicare or Medicaid who cannot afford treatment

Our toll-free IV Iron Hotline **1-877-4-IV-IRON** (1-877-448-4766) is available Monday–Friday, 9:00 AM–8:00 PM ET

Patient information will be kept strictly confidential at all times.

The accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient.

**INDICATIONS**
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[Click here to see the Full Prescribing Information.](http://www.injectaferhcp.com)
Insurance verification in 3 steps

1 REQUEST

Call the IV Iron Hotline or download an Insurance Verification Request Form at www.injectaferhcp.com.

2 SUBMIT

Complete all the information on this form
- Patient consent required
- Fax to the InjectConnect Support Program at 1-888-354-4856

3 VERIFY

- If the patient is insured, you will receive a detailed insurance coverage profile
- If the patient is uninsured, your patient will be assessed for eligibility in the Patient Assistance Program (see page 9)

REIMBURSEMENT FORMS SHOULD BE FAXED OR MAILED TO:
InjectConnect Support Program
P.O. Box 220342
Charlotte, NC 28222
Fax: 1-888-354-4856

SELECTED SAFETY INFORMATION
WARNINGS AND PRECAUTIONS

Serious hypersensitivity reactions, including anaphylactic-type reactions, some of which have been life-threatening and fatal, have been reported in patients receiving Injectafer. Patients may present with shock, clinically significant hypotension, loss of consciousness, and/or collapse. Monitor patients for signs and symptoms of hypersensitivity during and after Injectafer administration for at least 30 minutes and until clinically stable following completion of the infusion. Only administer Injectafer when personnel and therapies are immediately available for the treatment of serious hypersensitivity reactions. In clinical trials, serious anaphylactic/anaphylactoid reactions were reported in 0.1% (2/1775) of subjects receiving Injectafer. Other serious or severe adverse reactions potentially associated with hypersensitivity which included, but were not limited to, pruritus, rash, urticaria, wheezing, or hypotension were reported in 1.5% (26/1775) of these subjects.

Click here to see the Full Prescribing Information.
It is important to understand accurate billing and coding, as failing to follow the process can lead to denial of reimbursement for patients who are appropriate, eligible, and should be covered. Once you have determined Injectafer is appropriate for your patient, this section can provide you with helpful information on completing the process.

### Product and Administration Codes

<table>
<thead>
<tr>
<th>J Code</th>
<th>Product</th>
<th>Indications</th>
</tr>
</thead>
</table>
| J1439  | Injection, ferric carboxymaltose, 1 mg | Injectafer® (ferric carboxymaltose injection) is an iron replacement product indicated for the treatment of IDA in adult patients:  
- who have intolerance to or have had unsatisfactory response to oral iron  
- or —  
- who have non-dialysis-dependent chronic kidney disease |

### Product and Administration Codes

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Drug Code (NDC)</td>
<td>00517-0650-01</td>
<td>Injectafer 750 mg iron/15 mL single-dose vial (individually boxed)</td>
</tr>
<tr>
<td>National Drug Code (NDC)</td>
<td>00517-0650-02</td>
<td>Injectafer 750 mg iron/15 mL single-dose vial (packages of 2)</td>
</tr>
</tbody>
</table>

### Product-Specific Billing Code

| HCPCS* | J1439 | Injection, ferric carboxymaltose 1 mg |

### Drug Administration Codes

<table>
<thead>
<tr>
<th>CPT®†</th>
<th>Description</th>
</tr>
</thead>
</table>
| 96374 or 96365 | Therapeutic, prophylactic or diagnostic injection (specify substance or drug)  
Intravenous push single or initial substance drug  
Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); initial up to 1 hr |

*Healthcare Common Procedure Coding System.
†Current Procedural Terminology (CPT). CPT® codes 2018 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values, or related listings are included in the CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

**Click here to see the Full Prescribing Information.**
Examples of IDA-Related Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D50.0</td>
<td>Iron deficiency anemia secondary to blood loss (chronic)</td>
</tr>
<tr>
<td>D50.1</td>
<td>Sideropenic dysphagia</td>
</tr>
<tr>
<td>D50.8</td>
<td>Other iron deficiency anemias</td>
</tr>
<tr>
<td>D50.9</td>
<td>Iron deficiency anemia, unspecified</td>
</tr>
<tr>
<td>D63.0</td>
<td>Anemia in neoplastic disease CODE NEOPLASM FIRST (Confirm iron deficiency)</td>
</tr>
<tr>
<td>D63.1</td>
<td>Anemia in chronic kidney disease CODE CKD STAGE FIRST (Confirm iron deficiency)</td>
</tr>
<tr>
<td>D63.8</td>
<td>Anemia in other chronic diseases classified elsewhere CODE UNDERLYING DISEASE FIRST (Confirm iron deficiency)</td>
</tr>
<tr>
<td>D64.81</td>
<td>Antineoplastic chemotherapy-induced anemia (Confirm iron deficiency)</td>
</tr>
</tbody>
</table>


The codes listed in this section are for informational purposes only. This document is not an affirmative instruction as to which codes to use for a particular treatment. It is the provider’s responsibility to determine and submit the appropriate codes for any service or treatment rendered. Actual codes used are at the sole discretion of the treating physician and/or facility. Contact your local payer for specific coding guidelines.

See the following page for codes specific to IDA patients’ underlying condition.

INDICATIONS

Injectafer® (ferric carboxymaltose injection) is an iron replacement product indicated for the treatment of iron deficiency anemia (IDA) in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron, and in adult patients with non-dialysis dependent chronic kidney disease.
### A Code Specific for Your IDA Patient’s Underlying Condition*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K50.0-K50.919</td>
<td>Crohn’s Disease [regional enteritis]</td>
</tr>
<tr>
<td>K51.0-K51.919</td>
<td>Ulcerative Colitis</td>
</tr>
<tr>
<td>K90.0</td>
<td>Celiac Disease</td>
</tr>
<tr>
<td>K90.4</td>
<td>Malabsorption due to intolerance not elsewhere classified</td>
</tr>
<tr>
<td>K90.9</td>
<td>Intestinal malabsorption unspecified</td>
</tr>
<tr>
<td>N18.1</td>
<td>Chronic Kidney Disease, Stage 1</td>
</tr>
<tr>
<td>N18.2</td>
<td>Chronic Kidney Disease, Stage 2</td>
</tr>
<tr>
<td>N18.3</td>
<td>Chronic Kidney Disease, Stage 3</td>
</tr>
<tr>
<td>N18.4</td>
<td>Chronic Kidney Disease, Stage 4</td>
</tr>
<tr>
<td>N18.5</td>
<td>Chronic Kidney Disease, Stage 5</td>
</tr>
<tr>
<td>N18.6</td>
<td>End-Stage Renal Disease</td>
</tr>
<tr>
<td>N18.9</td>
<td>Chronic Kidney Disease, Unspecified</td>
</tr>
<tr>
<td>N92.0</td>
<td>Excessive and frequent menstruation with regular cycle</td>
</tr>
<tr>
<td>N92.5</td>
<td>Other specified irregular menstruation</td>
</tr>
<tr>
<td>N92.6</td>
<td>Irregular menstruation, unspecified</td>
</tr>
<tr>
<td>T45.4X5A</td>
<td>Adverse effect of iron and its compounds, initial encounter</td>
</tr>
<tr>
<td>T50.905A</td>
<td>Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter</td>
</tr>
</tbody>
</table>

*Secondary code suggestions only; appropriate codes not limited to those listed above. Injectafer is indicated to treat IDA; it is not indicated to treat the above listed underlying conditions.

†International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).

‡A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. This guidance has been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overstated. Without such documentation, accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.
Eligible, **insured** patients can save on Injectafer

- Provides up to $500 in assistance toward any remaining out-of-pocket cost after patient payment of as little as $50 co-pay at first dose and as little as $0 co-pay at second dose.
- A single enrollment in the program covers 1 course of therapy (2 doses) up to a maximum assistance of $1000.

**First Dose**
- For as little as $50
- Up to 750 mg of iron for qualified patients*

**Second Dose**
- For as little as $0
- Up to 750 mg of iron for qualified patients*

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**PATIENT ENROLLMENT**

To find out if your patients qualify to receive the full course of therapy at a reduced cost, you or your patients can apply online at [www.injectafercopay.com](http://www.injectafercopay.com).

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**OFFICE REGISTRATION**

Registration will allow your office to access and manage your patient information via our web portal.

- Visit [www.injectafercopay.com](http://www.injectafercopay.com) or call the IV Iron Hotline at 1-877-448-4766. You’ll receive a login ID and password giving your office access to the Injectafer Savings Program web portal.

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*The Injectafer Savings Program is only available for adults 18 years or older who are commercially insured or cash-paying patients. Please see full Terms and Conditions on page 10.

**INDICATIONS**

Injectafer® (ferric carboxymaltose injection) is an iron replacement product indicated for the treatment of iron deficiency anemia (IDA) in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron, and in adult patients with non-dialysis dependent chronic kidney disease.

[Click here](#) to see the Full Prescribing Information.
Get enrollment started in 3 simple steps

Registering for the web portal, www.injectafercopay.com, enables your office (with patient permission) to determine patient eligibility and enroll them in the program.

1. **ENROLL**
   - Eligibility may be determined in a matter of minutes
   - Patients enrolled by your office will receive confirmation in the mail; your office will receive confirmation via fax

2. **ACCESS**
   - After patients are enrolled and you have received their virtual debit card, your office will be able to view and manage their information through the web portal

3. **CONFIRM**
   - If the patient is insured, you will receive a detailed insurance coverage profile
   - If the patient is uninsured, your patient will be assessed for eligibility in the Patient Assistance Program (see page 9)

Your office or the patient must submit an Explanation of Benefits (EOB) to confirm Injectafer use before the co-pay assistance can be processed.

- The EOB is supplied by the patient’s insurer
- EOBs can be submitted to the program via fax (1-888-257-4673), uploaded at www.injectafercopay.com, or mailed to: 100 Passaic Ave, Suite 245, Fairfield, NJ 07004
- Patients will receive out-of-pocket expense assistance once the EOB has been reviewed

Note that EOBs will also need to be submitted for any subsequent doses of Injectafer. Patients who require additional courses of therapy will need to be re-enrolled into the Injectafer Savings Program. Patients who wish to receive retroactive enrollment assistance must submit an Eligibility Attestation Form. The Injectafer Savings Program is only available for adults 18 years or older who are commercially insured or cash-paying patients. Insurance out-of-pocket payment must be over $50. Other restrictions may apply.

**SELECTED SAFETY INFORMATION**

**WARNINGS AND PRECAUTIONS (CONT’D)**

In clinical studies, hypertension was reported in 3.8% (67/1775) of subjects. Transient elevations in systolic blood pressure, sometimes occurring with facial flushing, dizziness, or nausea were observed in 6% (106/1775) of subjects. These elevations generally occurred immediately after dosing and resolved within 30 minutes. Monitor patients for signs and symptoms of hypertension following each Injectafer administration.

In the 24 hours following administration of Injectafer, laboratory assays may overestimate serum iron and transferrin bound iron by also measuring the iron in Injectafer.

Click here to see the Full Prescribing Information.
If your patients are uninsured and do not have financial resources, they may be eligible for the Patient Assistance Program.

**PROGRAM ELIGIBILITY**
- This program is an assistance program for patients who qualify based on income limits and lack of insurance coverage for healthcare.
- To be eligible for the program, patients must completely lack health insurance.
- Patients must also be US citizens, legal entrants in the United States, or permanent residents.

**HOW TO APPLY**
- Providers (including hospitals, physicians, or infusion centers) may apply to the program on behalf of their patients.
- Please call the IV Iron Hotline or visit www.injectaferhcp.com to download an enrollment application and product request form.

**PATIENT ASSISTANCE PROGRAM FORMS SHOULD BE FAXED OR MAILED TO:**
InjectConnect Support Program
P.O. Box 220342
Charlotte, NC 28222
Fax: 1-888-354-4856

The company reserves the right to modify or cancel the program immediately with respect to any patient, or in its entirety, at any time.

**INDICATIONS**
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**SELECTED SAFETY INFORMATION**

**ADVERSE REACTIONS**
In two randomized clinical studies, a total of 1775 patients were exposed to Injectafer, 15 mg/kg of body weight, up to a single maximum dose of 750 mg of iron on two occasions, separated by at least 7 days, up to a cumulative dose of 1500 mg of iron. Adverse reactions reported by ≥2% of Injectafer-treated patients were nausea (7.2%); hypertension (3.8%); flushing/hot flush (3.6%); blood phosphorus decrease (2.1%); and dizziness (2.0%).

[Click here to see the Full Prescribing Information.](#)
SELECTED SAFETY INFORMATION
ADVERSE REACTIONS (CONT’D)

The following serious adverse reactions have been most commonly reported from the post-marketing spontaneous reports: urticaria, dyspnea, pruritus, tachycardia, erythema, pyrexia, chest discomfort, chills, angioedema, back pain, arthralgia, and syncope.

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IMPORTANT SAFETY INFORMATION

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To report adverse events, please contact American Regent at 1-800-734-9236. You may also contact the FDA at www.fda.gov/medwatch or 1-800-FDA-1088.

Click here to see the Full Prescribing Information.
INDICATIONS

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