

# Injectafer (ferric carboxymaltose) — HCPCS J1439

CARECOST ESTIMATE · BILLING CHEAT SHEET

American Regent (US license from CSL Vifor) 750 mg / 15 mL single-dose vial IV infusion ~15 min OR slow IV push **Reviewed:** May 2, 2026

ASP: Q2 2026

<b>HCPCS</b> <b>J1439</b> 1 mg = 1 unit	<b>DOSE</b> <b>750 units</b> 750 mg × 2, ≥7d apart	<b>MODIFIER</b> <b>JZ</b> Single-dose vial, no waste	<b>ADMIN CPT</b> <b>96365</b> Therapeutic IV (~15 min)	<b>MEDICARE ASP+6%</b> <b>\$1.103</b> /mg · \$827.25/dose
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**2024 W&P STRENGTHENED — HYPOPHOSPHATEMIA:** Severe and persistent hypophosphatemia reported with Injectafer (PHOSPHARE-IDA + post-marketing). **Monitor serum phosphate before each course and during therapy** in patients at risk. Replace phosphate orally or IV when needed. UHC and select BCBS plans now require pre-course phosphate documentation on continuation PAs.

## CODES & NDC

<b>HCPCS</b>	J1439 — "Inj, ferric carboxymaltose, 1 mg" (permanent)
<b>NDC</b>	0517-0650-01 (10) / 00517-0650-01 (11) — N4 qualifier
<b>VIAL</b>	750 mg / 15 mL (50 mg/mL elemental iron) single-dose
<b>MANUFACTURER</b>	American Regent (US license from CSL Vifor)
<b>BENEFIT</b>	Medical (provider buy-and-bill); not specialty pharmacy

## DOSING

- Adults ≥50 kg:** 750 mg IV × 2 doses, ≥7 days apart (1,500 mg total)
- Adults <50 kg:** 15 mg/kg IV × 2 doses (max 750 mg/dose)
- Pediatric ≥1 yr (2024):** 15 mg/kg IV × 2 doses (max 750 mg/dose)
- Infusion: in 250 mL NS, 15 min, max 2–4 mg/mL
- Push (alt): undiluted, ≤100 mg/min slow IV push
- May repeat course if iron deficiency recurs

## IV IRON CLASS — Q2 2026 ASP+6%

BRAND	HCPCS	DOSE / VISIT	COURSE	\$/MG
Injectafer	J1439	750 mg / 15 min	2 × 750 mg	<b>\$1.103</b>
Monoferric	J1437	1,000 mg / 20 min	1 × 1,000 mg	~\$1.10
Feraheme	Q0138	510 mg / 15 min	2 × 510 mg	~\$1.04
Venofer	J1756	200–300 mg	5+ visits	~\$0.40
INFeD	J1750	TDI per protocol	Test dose req	~\$0.30

**Why Injectafer wins US market share:** 2 visits to deliver 1,500 mg vs 5+ for Venofer. Per-mg ASP is similar; chair time is the differentiator.

## ICD-10 — IDA FAMILY

CODE	FOR
D50.0	IDA secondary to chronic blood loss
D50.8	Other IDA
D50.9	IDA, unspecified
D62	Acute posthemorrhagic anemia
D64.9	Anemia, unspecified (rarely sufficient)

## ICD-10 — CKD & HF

CODE	FOR
N18.1–N18.5	CKD stages 1–5 (NDD)
D63.1	Anemia in CKD (pair with N18.x)
I50.20–I50.43	HFrEF / combined HF (pair with D50.x)
I50.9	HF, unspecified (pair with D50.x)

**HF indication requires BOTH I50.x AND D50.x on the claim.** ESRD / dialysis-dependent CKD (N18.6) is NOT an Injectafer indication.

## PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	LAB THRESHOLDS / CRITERIA
UnitedHealthcare	Yes	Ferritin <100 OR TSAT <20%; oral iron failure; phosphate doc on renewal
Aetna	Yes	Ferritin <100 OR TSAT <20%; oral iron failure
BCBS plans	Yes	KDIGO/ESC-aligned; phosphate monitoring increasing
Medicare MAC	No (PA)	Indication-appropriate workup in chart

## ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	Therapeutic IV, ~15 min (primary) — non-chemo
96374	IV push, single drug (alt for sites pushing Injectafer; verify payer)
96413	<b>Not appropriate</b> — Injectafer is non-chemo

**JZ** on virtually every adult full-vial claim. **JW** for weight-based pediatric / sub-50-kg waste.

## MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	<b>\$1.103 / mg</b> (effective 4/1 – 6/30/2026)
750 mg dose	<b>\$827.25</b> (750 × \$1.103)
Full course (2 doses)	<b>\$1,654.50</b> (1,500 mg total)
After ~2% sequester	~\$1,621/course actual paid

## SITE OF CARE

SETTING	POS	NOTES
Physician office (cardiology, heme, GI, OB-GYN, nephrology)	11	<b>Preferred</b> — 15-min push fits
Ambulatory infusion suite	49	<b>Preferred</b>
Hospital outpatient	19/22	Disfavored after first course
Patient home	12	Specialty home infusion vendors only

## PATIENT ASSISTANCE — AMERICAN REGENT

- **Phone:** 1-844-688-9591 (Injectafer Patient Support / Co-Pay Program)
- **Commercial copay:** Injectafer Co-Pay Program for eligible commercially-insured patients
- **PAP:** free product for uninsured/underinsured (American Regent PAP)
- **Foundations (Medicare):** PAN, HealthWell, NeedyMeds — verify open IDA / CKD / HF funds quarterly
- **Web:** injectafer.com

**2023 HF expansion:** Injectafer FDA-approved for iron deficiency in adults with NYHA II/III HF + reduced EF. Cardiology infusion volume drove major J1439 growth post-2023.

**2024 pediatric expansion:** Approved for ages ≥1 year with IDA. 15 mg/kg × 2 doses, max 750 mg/dose. JW for weight-based partial-vial waste.