



## MEDICATION POLICY

**Generic Name:** Parenteral Iron Therapy

**Therapeutic Class or Brand Name:** Parenteral Iron Therapy

**Applicable Drugs** (if Therapeutic Class):

Preferred: INFeD® (iron dextran), Venofer® (iron sucrose).

Non-Preferred: Feraheme™ (ferumoxytol), Ferrlecit® (sodium ferric gluconate complex in sucrose),

Injectafer® (ferric carboxymaltose), Sodium Ferric Gluconate Complex In Sucrose (generic).

**Date of Origin:** 11/4/15

**Date Last Reviewed/Revised:** 11/20/17

**GPI Code:** 8230004000, 8230004800, 8230006200, 8230006800, 8230008510

### **Prior Authorization Criteria (may be considered medically necessary when criteria I through II are met):**

- I. Documented diagnosis of iron deficiency anemia AND documentation that patient meets ONE of the following criteria A through F:
  - A. Patient has had a trial and failure of, intolerance to, or contraindication to oral iron therapy.
  - B. Patient is losing iron (blood) at a rate too rapid for oral intake to compensate for the loss.
  - C. Patient has a disorder of the GI tract, such as inflammatory bowel disease (ulcerative colitis, Crohn's disease), in which symptoms may be aggravated by oral iron therapy.
  - D. Patient is unable to maintain iron balance on treatment with hemodialysis.
  - E. Patient is donating large amounts of blood for autotransfusion programs.
  - F. Patient has chemotherapy-induced anemia.
- II. Non-preferred products require a documented trial and failure of, intolerance to, or contraindication to a preferred product.

### **Exclusion Criteria:**

- N/A

### **Other Criteria:**

- N/A

### **Quantity/Days Supply Restrictions:**

---

*Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.*



## MEDICATION POLICY

- N/A

### Approval Length:

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

### Appendix:

N/A

### References:

1. [http://pi.actavis.com/data\\_stream.asp?product\\_group=1251&p=pi&language=E](http://pi.actavis.com/data_stream.asp?product_group=1251&p=pi&language=E).
2. [http://www.feraheme.com/pdfs/Feraheme\\_Prescribing\\_Information.pdf](http://www.feraheme.com/pdfs/Feraheme_Prescribing_Information.pdf).
3. <http://www.products.sanofi-aventis.us/ferrlecit/ferrlecit.pdf>.
4. <http://www.injectafer.com/pdf/pi.pdf>.
5. <http://www.americanregent.com/Products/ProductAssets/Venofer-Prescribing-Information.pdf>.
6. Medi-Span.
7. [https://www.bcidaho.com/providers/medical\\_policies/pd/mp\\_501105.asp](https://www.bcidaho.com/providers/medical_policies/pd/mp_501105.asp).
8. [http://www.aetna.com/cpb/medical/data/500\\_599/0575.html](http://www.aetna.com/cpb/medical/data/500_599/0575.html).
9. <http://asmbs.org/resources/clinical-practice-guidelines-for-the-perioperative-nutritional-metabolic-and-nonsurgical-support-of-the-bariatric-surgery-patient>.

---

*Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.*



## MEDICATION POLICY

<b><i>Historical Tracking Of Changes Made To Policy</i></b>	
11/20/2017	<ol style="list-style-type: none"><li>1. <b>Added</b> “Sodium Ferric Gluconate Complex In Sucrose (generic)” <b>following</b> “Non-Preferred:” <b>under Applicable Drugs.</b></li><li>2. <b>Updated</b> “<a href="http://www.americanregent.com/documents/66.pdf">http://www.americanregent.com/documents/66.pdf</a>” <b>to</b> “<a href="http://www.americanregent.com/Products/ProductAssets/Venofer-Prescribing-Information.pdf">http://www.americanregent.com/Products/ProductAssets/Venofer-Prescribing-Information.pdf</a>” <b>under References.</b></li></ol>
6/16/2016	<ol style="list-style-type: none"><li>1. <b>Added</b> “<a href="http://asmbs.org/resources/clinical-practice-guidelines-for-the-perioperative-nutritional-metabolic-and-nonsurgical-support-of-the-bariatric-surgery-patient">http://asmbs.org/resources/clinical-practice-guidelines-for-the-perioperative-nutritional-metabolic-and-nonsurgical-support-of-the-bariatric-surgery-patient</a>” <b>under References.</b></li></ol>

---

*Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.*