



## 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).

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

**Date Last Reviewed/Revised:** 6/16/16

**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:**

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- 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/documents/66.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>.

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<b><i>Historical Tracking Of Changes Made To Policy</i></b>	
<i>6/16/2016</i>	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>

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