Intravenous Iron Therapy Policy

Subject: Intravenous Iron Therapy Policy

Effective Date: 4/1/16
Revision Date: 12/19
Review Date: 08/17

DESCRIPTION

Iron deficiency anemia (IDA) is most often caused by blood loss. However, IDA may also be the result of reduced iron absorption or redistribution after erythropoietin/erythropoiesis-stimulating agents. Treatment of the underlying cause in combination with oral iron supplementation is appropriate for most patients. Rarely, parenteral iron may be required. While parenteral iron provides a more rapid therapeutic response than oral iron, it can cause adverse effects including allergic reactions. Current parenteral iron preparations include:

- Dexferrum (iron dextran)
- Injectafer (ferric carboxymaltose)
- Feraheme (ferumoxytol)
- Ferrlecit / Nulecit (sodium ferric gluconate complex)
- Venofer (iron sucrose)

COVERAGE

The OSU Health Plan considers intravenous iron therapy medically necessary for adults with iron deficiency or iron deficiency anemia who meet all of the following criteria:

- Presence of one or more of the following indications:
  - Inflammatory bowel disease (ulcerative colitis or Crohn’s disease); or
  - Gastric surgery (bypass or resection); or
  - Chronic kidney disease (CKD); or
  - Cancer diagnosis who are receiving an erythropoiesis-stimulating agent (ESA); or
  - Unable to tolerate oral iron (side effects must be documented by a physician and be severe in nature); or
  - Ongoing blood loss that exceeds the capacity of oral iron to meet needs (e.g., heavy uterine bleeding); or
  - Malabsorption syndrome (celiac disease, Whipple’s disease)
  - Congestive heart failure (CHF)

- Laboratory values obtained within the last 30 days confirm diagnosis of iron deficiency:
  - Serum ferritin <15 ng/ml (or <30 ng/ml in a pregnant woman); or
  - Serum ferritin <41 ng/ml in a patient with anemia and comorbidities; or
  - Transferrin saturation <16% (or <20% in individuals with inflammatory conditions); or
  - Functional iron deficiency in patient receiving an erythropoiesis-stimulating agent (ESA) [serum ferritin 100 – 500 ng/ml and transferrin saturation 20-30%]

EXCLUSIONS

Intravenous iron is contraindicated for patients with a history of an allergic reaction to any intravenous iron product.

There is a greater risk of anaphylaxis in patients with multiple drug allergies.
OSU Health Plan considers intravenous iron therapy experimental and investigational for all other indications including the following (not an all-inclusive list) because its clinical value for these indications has not been established:

- Acute mountain sickness
- Anemia of pregnancy when above criteria are not met
- Prophylactic use to improve function in non-anemic persons undergoing surgery for hip fracture
- Prophylactic use to prevent postoperative anemia in persons undergoing bariatric surgery
- Restless legs syndrome when above criteria are not met
- Treatment of post-operative anemia following major surgery (e.g., cardiothoracic surgery, colorectal cancer surgery, and neurosurgery)
- Pre-operative intravenous iron therapy for reduction of transfusions during major surgery

Intravenous iron therapy for athletic performance is excluded from coverage according to the OSU Specific Plan Details (SPD).

**PRIOR AUTHORIZATION**


**CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1439</td>
<td>Injection, ferric carboxymaltose, 1 mg</td>
</tr>
<tr>
<td>J1443</td>
<td>Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron</td>
</tr>
<tr>
<td>J1750</td>
<td>Injection, iron dextran, 50 mg</td>
</tr>
<tr>
<td>J1756</td>
<td>Injection, iron sucrose, 1mg</td>
</tr>
<tr>
<td>J2916</td>
<td>Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg</td>
</tr>
<tr>
<td>Q0138</td>
<td>Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)</td>
</tr>
<tr>
<td>Q0139</td>
<td>Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)</td>
</tr>
</tbody>
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**REFERENCES**


