THE OHIO STATE UNIVERSITY
HEALTH PLAN

Subject: Intravenous Iron Therapy Policy

Effective Date: 04/2016
Revision Date: 10/2018
Review Date: 08/2017

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)
- 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

PRIOR AUTHORIZATION

Prior authorization is required for intravenous iron therapy. Refer to the Prior Authorization Guide at www.osuhealthplan.com.

CODES

J1439	Injection, ferric carboxymaltose, 1 mg
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron
J1750	Injection, iron dextran, 50 mg
J1756	Injection, iron sucrose, 1mg
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)

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