PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	IV Iron Products
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Parenteral iron products include Injectafer (ferric carboxymaltose), Venofer (iron sucrose), Feraheme (ferumoxytol), Ferrlecit (sodium ferric gluconate), Infed (iron dextran), Monoferric (ferric derisomaltose), Triferic (ferric pyrophosphate), and Triferic AVNU (ferric pyrophosphate). All of the preparations are considered equally effective to raise hemoglobin. Triferic and Triferic AVNU are solely indicated for adults with hemodialysis dependent chronic kidney disease.
Iron deficiency anemia (IDA) is a type of microcytic anemia that occurs when low iron stores result in reduced erythropoiesis and decreased hemoglobin.

Injectafer. Weight 50 kg or more: 750 mg IV in 2 doses separated by at least 7 days for a total dose of 1500 mg per course. For adults 50 kg or more, alternative option: 15 mg/kg up to 1000 mg as a single dose. Less than 50 kg: 15 mg/kg IV in 2 doses separated by at least 7 days. (QL: 30 mL per 28 days)
Venofer. Adult: 5 doses of 200 mg over 14 days. Pediatric (see package insert): 0.5 mg/kg, not to exceed 100 mg per dose. (QL: 5 vials per 28 days)
Feraheme. 510 mg dose followed by a second 510 mg dose 3 to 8 days later. (QL: 2 vials per 28 days)
Ferrlecit. Adults: 10 mL (125 mg of elemental iron) per dialysis session. (May require a cumulative dose of 1000 mg of elemental iron administered over 8 dialysis sessions). Pediatric: 1.5 mg/kg per dialysis session, not to exceed 125 mg per dose.
Infed. See table and formulas in package insert. Note: A test dose is required.
Monoferric. Weight 50 kg or more: 1000 mg as a single IV infusion. Less than 50 kg: 20 mg/kg as a single IV infusion. (QL: 10 mL per 28 days)

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:

1. Chart notes/labs must show improvement of hemoglobin, ferritin, and/or TSAT; AND
2. Member continues to require iron replacement therapy, with no evidence of iron overload.

If all the above requirements are met, the medication will be approved for an additional 6 months.

Iron Deficiency with Heart Failure (Injectafer Only)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a cardiologist; AND
3. Member has a diagnosis of chronic heart failure with left ventricular ejection fraction of < 45% and New York Heart Association (NYHA) class II/III symptoms; AND
4. Member has a diagnosis of iron deficiency defined as serum ferritin <100 ng/mL or 100 to 300 ng/mL with TSAT <20%; AND
5. Member's hemoglobin [illegible] 0.005 Tw 0.283 0 Td[(A)-1

Cancer- and chemotherapy-induced anemia

Any oncology related request must be submitted through NantHealth/Eviti portal.

CareSource considers IV iron not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
10/12/2022	New policy for IV iron products created.
08/24/2023	Added new indication for Injectafer for heart failure with iron deficiency. Corrected male/female hemoglobin cut offs in IDA section.
10/30/2023	Listed preferred products.

References:

1. Injectafer [prescribing information]. American Regent, Inc.; 2023.
2. Venofer [prescribing information]. 1.