

PHARMACY POLICY STATEMENT

Ohio Medicaid

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. There are a multitude of causative conditions for IDA such as malnutrition, malabsorption, inflammatory bowel disease (Crohn's disease, ulcerative colitis), chronic kidney disease, chronic heart failure, cancer, concomitant treatment with an erythropoiesis stimulating agent (ESA), pregnancy, and heavy bleeding. Iron deficiency replacement can be beneficial in chronic heart failure, with Injectafer being approved to improve exercise capacity in this group, whether or not anemia is present.

IV iron will be considered for coverage when the following criteria are met:

Iron Deficiency Anemia (IDA)

For **initial** authorization:

1. Member meets the labeled age for the respective product:
 - a) Injectafer: at least 1 year of age
 - b) Venofer: at least 2 years of age
 - c) Feraheme: at least 18 years of age
 - d) Ferrlecit: at least 6 years of age
 - e) Infed: at least 4 months of age
 - f) Monoferric: at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a nephrologist, gastroenterologist, OB/GYN, dietician, hematologist/oncologist, or cardiologist; AND
3. Member has a diagnosis of iron deficiency anemia with **both** of the following in the last 30 days:
 - a) Hemoglobin <13 g/dL for male or <12 g/dL for female; <11 for pregnant female, <11 for age 0.5-5 years, <11.5 for age 5-12 years, <12 for age 12-15 years; AND
 - b) Ferritin <100 ng/mL and/or TSAT (transferrin saturation) <20%; AND
4. Member meets one of the following:
 - a) Inadequate response to 30 days of oral iron supplementation
 - b) Documentation of intolerance to oral iron
 - c) Not appropriate for oral iron (e.g., unable to swallow, blood loss too rapid for oral iron to compensate, severe anemia (Hb <8), history of gastric bypass surgery, active inflammatory bowel disease, malabsorptive syndrome (e.g., celiac disease), concomitant use of an ESA, dialysis dependency); AND
5. For a non-preferred product request, inadequate response to at least 1 preferred alternative is

For **reauthorization**:

1. T^hat serum ferritin remains less than 100 ng/mL or 100-300 ng/mL with transferrin saturation <20%.

If all the above requirements are met, the medication will be approved for an additional 10 months.

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.
01/25/24	Approved by ODM

References:

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3. Feraheme [prescribing information]. AMAG Pharmaceuticals, Inc.; 2022.
4. Ferrlecit [prescribing information]. sanofi-aventis U.S. LLC; 2022.
5. Infed [prescribing information]. Allergan; 2021.
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7. Triferic [prescribing information]. Rockwell Medical, Inc.; 2016
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13. Peyrin-Biroulet L, Williet N, Cacoub P. Guidelines on the diagnosis and treatment of iron deficiency across indications: a systematic review. *Am J Clin Nutr*. 2015;102(6):1585-1594. doi:10.3945/ajcn.114.103366
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correction appears in *Circulation*. 2022 Sep 27;146(13):e185] [published correction appears in *Circulation*. 2023 Apr 4;147(14):e674]. *Circulation*. 2022;145(18):e895-e1032. doi:10.1161/CIR.0000000000001063

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21. Ohio Administrative Code. (2022, July 18). 5160-26-03 Managed care: covered services. Retrieved February 22, 2023 from codes.ohio.gov.
22. Ohio Administrative Code. (2020, January 1). 5160-9-03 Pharmacy services: covered drugs and associated limitations. Retrieved February 22, 2023 from codes.ohio.gov.

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