group health of eau claire  KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT: PRODUCT LINE:	Iron Infusions All
	POLICY NUMBER:	UM122
	ORIGINAL POLICY EFFECTIVE	08/01/2020
	DATE:  LAST REVISED DATE:	08/07/2021
	LAST REVIEWED DATE:	03/07/2024

#### **SCOPE:**

To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers benefits to all members according to their policy benefits.

### **POLICY:**

It is the policy of the Cooperative to review requests for intravenous iron treatments according to member policy and evidence-based medical criteria through the prior authorization process.

### **PROCEDURE:** Prior Authorization Required: YES

## **Coverage Criteria for Intravenous Iron Therapy**

- 1. Documentation of a trial and failure of oral iron. (12 weeks) AND
- 2. Iron deficiency defined as a ferritin level <30 ng/mL or TSAT <15% (obtained within previous 30 days)

If criteria for coverage is met, the following considerations will be taken into account:

#### **First line Treatments**

Venofer® (iron sucrose)

 Only will be approved for members with documented chronic kidney disease (CKD) or pregnancy.

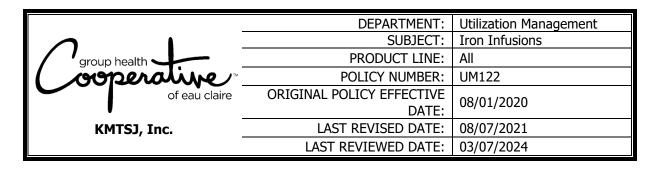
Ferrlecit® (ferric gluconate) Only will be approved for members with documented chronic kidney disease (CKD) who are **hemodialysis dependent**.

#### **Second Line Treatments**

Injectafer  $\$  (ferric carboxymaltose) **OR** Feraheme  $\$  (ferumoxytol) Both approved for use in pregnancy.

## **Dosing IV Iron Agents**

Medication	Dosing
Injectafer® (ferric carboxymaltose)	Weight ≥50 kg: Two doses of 750 mg, given seven or more days apart
	<ul> <li>Weight &lt;50 kg: Two doses of 15 mg/kg, given seven or more days apart</li> </ul>
Feraheme® (ferumoxytol)	<ul> <li>Two doses of 510 mg, given three to eight days apart</li> </ul>

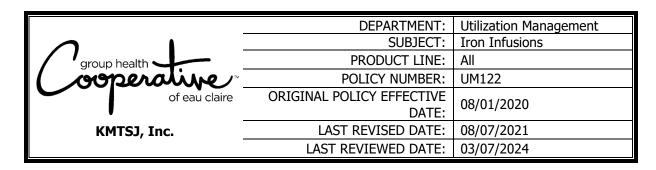


Venofer® (iron sucrose)	Hemodialysis-dependent chronic kidney disease: 100 mg administered during consecutive dialysis sessions; the usual cumulative total dose is 1,000 mg (10 doses); may repeat treatment if clinically indicated.
	<ul> <li>Peritoneal dialysis-dependent chronic kidney disease: Two infusions of 300 mg administered 14 days apart, followed by a single 400 mg infusion 14 days later (total cumulative dose of 1,000 mg in 3 divided doses); may repeat treatment if clinically indicated.</li> </ul>
	<ul> <li>Non-dialysis-dependent chronic kidney disease: 200 mg administered on 5 different occasions within a 14-day period (total cumulative dose: 1,000 mg in 14-day period); may repeat treatment if clinically indicated. Note: Dosage has also been administered as 2 infusions of 500 mg on day 1 and day 14 (limited experience).</li> </ul>
Ferrlecit® (ferric gluconate)	<ul> <li>125 mg (elemental iron) per dialysis session. For repletion treatment, most patients may require a cumulative dose of 1,000 mg (elemental iron) over ~8 dialysis sessions.</li> </ul>

APPROVED: Dakato Mar DATE: 03/07/2024

# **REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
08/07/2021	Michele Bauer, MD, CMO	Updated the criteria.
08/25/2022	Michele Bauer, MD, CMO	Reviewed. No changes.



08/20/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
03/07/2024	Dakota Rau, PharmD	Reviewed. No changes.