

# Intravenous Iron



**Included Products:** Injectafer (ferric carboxymaltose), Monoferric (ferric derisomaltose)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 07/11/2019

Revised: 03/09/2023

Reviewed: 01/12/2023

Updated: 04/01/2023

## Iron Deficiency Anemia

Initial Criteria		If yes	If no
1.	Is the request from one of the following specialists? a. Hematologist/oncologist b. OBGYN c. Nephrologist	Continue to #3.	Continue to #2.
2.	Does the member have a diagnosis of iron deficiency anemia confirmed by the following labs? a. Hemoglobin <13 g/dL (males) or <12 g/dL (females) AND b. Ferritin <100 ng/mL OR TSAT <20%	Continue to #3.	Review next criteria section for non-anemia if applicable.
3.	Has the member failed or does the member have a contraindication to the following: Feraheme, Ferrlecit, Infed and Venofer?	Continue to #4.	Do not approve.
4.	Approve for requested duration or 12 months if limited duration is not requested.		

## Iron Deficiency Anemia

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of iron deficiency without anemia confirmed by the following labs? a. Normal hemoglobin (>13 g/dL for males or >12 g/dL for females) b. Ferritin <30 ng/mL (<100 ng/mL in heart failure) OR TSAT <20%	Continue to #2.	Do not approve.

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2.	Has the member failed or does the member have a contraindication to the following: Feraheme, Ferrlecit, Infed and Venofer?	Continue to #3.	Do not approve.
3.	Approve for requested treatment course or 12 months if not specified.		