



ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1411	
Subject:	Iron Infusions	
Section:	Care Management	
Effective Date:	11/01/2014	
Revision Date(s):	10/16	
Review Date(s):	10/15	
Responsible Parties:	Patryce Toye, MD	
Responsible Department(s):	Utilization Management	
Regulatory References:		
Approved:		
	Carol Attia, RN AVP, Care Management	Patryce A. Toye, MD Senior Medical Director

Purpose: It is the purpose of this policy to define the conditions under which MedStar Family Choice UM staff (Pre-Certification Nurses) may authorize IV Iron Infusions.

Scope: MedStar Family Choice, MD; MedStar Family Choice, District of Columbia Healthy Families and Alliance.

Policy: It is the policy of MedStar Family Choice (MFC) to cover iron infusions for appropriate members.

Background: MedStar Family Choice will require prior authorization for iron infusions.

Procedure:

1. Requests for iron infusions should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

Indications:

1. Iron infusions may be authorized by the Pre-certification Nurse when **at least ONE** of the following conditions has been met:

- a. Documentation of **iron deficiency anemia** as reflected by hemoglobin less than 10.0 g/dL and serum ferritin level less than 30 ng/mL and have failed PO iron trial, or
 - b. **GI disease** that compromises iron absorption or symptoms are aggravated with oral iron therapy (ex: ulcerative colitis, Crohn’s disease, gastric bypass), or
 - c. **Planned surgery or procedure** in which blood loss is likely, or
 - d. Documentation of **iron deficiency anemia in a pregnant patient** as reflected by hemoglobin less than 11.0 and serum ferritin level less than 30 ng/mL. (Does not require failed PO iron trial), or
 - e. Documentation of **anemia with End Stage Renal Disease** with a hemoglobin level less than 10.0 g/dL, ferritin less than 100 ng/mL if not on dialysis and less than 200 ng/mL if receiving hemodialysis, or
 - f. Documentation of **anemia with Congestive Heart Failure** with a hemoglobin level less than 10.0 g/dL.
2. Requests that do not meet one of the above categories should be forwarded to the Physician Advisor for review. The Physician Advisor will review the clinical information and take into consideration circumstances such chemotherapy-induced anemia, continuing iron losses at a rate greater than can be replaced with oral iron therapy from excessive menstruation, gastrointestinal blood loss, and autologous blood donations.

Preferred Intravenous Iron Formulation:

1. The MedStar Family Choice preferred iron formulation for intravenous infusion is Iron Dextran. Alternate forms of intravenous iron will be considered if a patient has a history of an adverse reaction or a history of not responding to Iron Dextran.

Summary of Changes:	<p>10/16:</p> <ul style="list-style-type: none"> • Iron Dextran added as preferred agent <p>10/15:</p> <ul style="list-style-type: none"> • No changes
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