IDENTIFIER: SHPS 1600
DEPARTMENT: Clinical Policies

EFFECTIVE DATE: 08/26/21

Applies to:
☒SHPS – Medicare Advantage+
☒SHPS – Commercial
☒Scripps Health Plan

I. PURPOSE

The purpose of this medical policy is to establish a guideline for Scripps Health Plan Services (SHPS) Utilization Management (UM) department for processing incoming referrals for covered members for intravenous (IV) Iron Replacement Therapy.

II. BACKGROUND

Iron is a mineral in the body that is an essential component for blood production, enabling them to carry oxygen throughout the body. The majority of body iron are found in circulating red blood cells called hemoglobin, while the remaining is stored as ferritin or bound to myoglobin in muscle cells. Individuals with iron deficiency anemia may have mild to severe symptoms, ranging from fatigue, shortness of breath, and chest pain to heart failure and developmental delays in children (NHLBI 2019).

The causes of iron deficiency anemia are numerous, including gastrointestinal bleeding or other blood loss, chronic kidney disease, celiac disease, multiple blood donations, and cancer or chemotherapy related. Diagnosis of IDA is typically confirmed by evaluating levels of serum ferritin, transferrin saturation (TSAT), absence of stainable iron in the bone marrow, or resolution of anemia upon iron administration (Auerbach 2020).

While the 2012 Kidney Disease Improving Global Outcomes (KDIGO) guidelines for anemia in chronic kidney disease do not provide any guidance on preference of available IV iron agents over another, they do suggest that a trial oral iron for 1 to 3 months can be appropriate for individuals with IDA prior to initiating IV iron. The National Comprehensive Cancer Network (NCCN) guidelines for Hematopoietic Growth Factors (version 2.2020) provides a category 2A recommendation for use of Feraheme, Ferrlecit, Infed (IV only; IM not recommended), Injectafer, and Venofer for the management of cancer- and chemotherapy-induced anemia. NCCN also suggests that a trial oral iron for at least 4 weeks can be appropriate prior to initiating IV iron.

III. POLICY/PROCEDURE

The UM department will follow standard SHPS clinical guideline/review criteria for coverage/benefit determination. SHPS UM department will appropriately utilize health plan

criteria, CMS policies regarding National Coverage Determination (NCDs) and Local Coverage Determination (LCDs), MCG™, and any other established/approved guidelines (e.g. UpToDate, Hayes, etc.). The UM staff will triage which criteria to utilize per standard work, and if no guideline for IV Iron therapy (see CPT codes below) exists, then the UM staff will utilize this guideline for determination.

This policy refers to the following IV iron replacements:

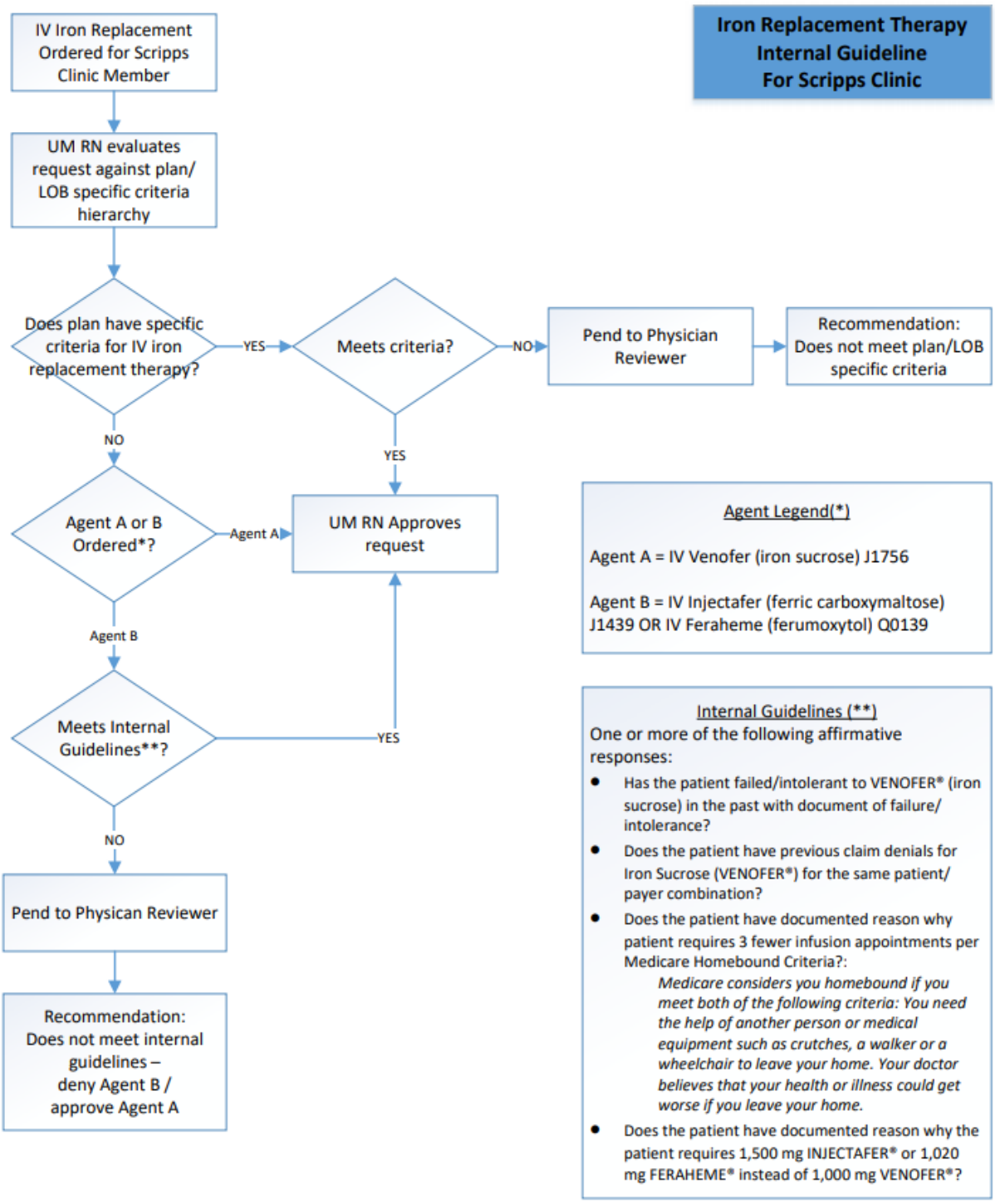
Brand Name	Generic	CPT
FERAHEME	ferumoxytol	Q0138, Q0139
INJECTAFER	ferric carboxymaltose	J1439
VENOFER	Iron sucrose	J1756

Applicable medical groups:

- Scripps Clinic Medical Group (SCMG)

IV. GUIDELINE

(See next page)



V. REFERENCES

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HISTORY	
Reviewed: 05/19/19, 08/25/22, 08/16/23, 08/22/24	**Revised**: 08/26/21

ENDORSEMENTS and APPROVALS		
Approval		**Approval Date**
Pharmacy Manager	DocuSigned by: Mitul Patel 22BFB801CC3A47B...	**08/22/24**
Medical Director	Signed by: Russell Zane, MD 3ED3584CDC7F468...	**08/22/24**