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Developed By: Medical Criteria Committee	

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**Description:**

Iron is an essential nutrient that is needed by every cell in the body. It plays an important role in the transport and storage of oxygen and in cell growth and proliferation. Iron also has an important role in the production of hemoglobin and myoglobin.

Iron deficiency is the depletion of iron stores to the point that red blood cell production is impaired. Iron deficiency is the most common deficiency disease worldwide. Causes of iron deficiency may include inadequate iron intake through diet, blood loss through surgery or hemorrhage, inflammatory bowel disease, or dialysis. Many people can be treated with oral iron preparations but in some cases oral iron may not be adequate to treat the iron deficiency. In these situations, intravenous iron therapy is the preferred treatment.

**Criteria:**

ODS will cover intravenous iron therapy to plan limitations when **one** of the following criteria is met:

1. Patient requires iron supplementation and is unable to tolerate oral forms of iron; **or**
2. Patient requires iron supplementation and oral iron supplementation is ineffective; **or**
3. Iron depletion is at a rate too rapid for oral iron intake to compensate for the loss (i.e. significant blood loss); **or**
4. Patient requires iron supplementation but has a gastrointestinal tract disorder, such as ulcerative colitis, in which symptoms may be aggravated by oral iron therapy; **or**
5. Patient has chemotherapy induced anemia; **or**
6. Patient has renal disease and is undergoing hemodialysis or peritoneal dialysis and receiving epoetin therapy; **or**
7. Patient has renal disease, is non-dialysis dependent and unable to maintain iron balance

**Information to be Submitted with Pre-Authorization Request:**

- Chart notes from treating physician documenting iron deficiency anemia and treatment tried.

**Applicable CPT/HCPC:**

Note: this list may not be all inclusive

<b>J1750</b>	Injection, iron dextran, 50mg
<b>J1756</b>	Injection, iron sucrose, 1mg
<b>J2916</b>	Injections, sodium ferric gluconate complex in sucrose injection, 12.5mg

**References:**

- Guidelines for Anemia Management. Accessed on 04/10/08, available at URL address: [www.venofer.com](http://www.venofer.com)
- Auerbach M, Ballard H, Trout R, et al. Intravenous iron optimizes the response to recombinant human erythropoietin in cancer patients with chemotherapy-related anemia: a multicenter, open-label, randomized trial. J Clin Oncol. 2004;22:1301-1307.
- Singh H, Reed J, Noble S, et al. Effects of intravenous iron sucrose in peritoneal dialysis patients who receive erythropoiesis-stimulating agents for anemia: a randomized, controlled trial. Clin J Am Soc Nephrol. 2006 Jan; 1:475-482.
- Richardson D, Bartlett C, Jolly H, Will E. intravenous iron for CAPD populations: proactive or

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reactive strategies? Nephrol Dial Transplan. 2001;16:115-119.

- Van Wyck D, Danielson B, Aronoff G. Making sense: a scientific approach to intravenous iron therapy. J Am Soc Nephrol. 2004. 15:S91-S92.
- National Kidney Foundation. NKF KDOQI Clinical Practice Guideline and Clinical Practice Recommendations for Anemia in Chronic Kidney Disease: 2007 Update of Hemoglobin Target. Accessed on April 11, 2008. Available at URL address:  
[http://www.kidney.org/professionals/KDOQI/guidelines\\_anemiaUP/anemiaupdate.htm](http://www.kidney.org/professionals/KDOQI/guidelines_anemiaUP/anemiaupdate.htm)
- Henry DH. The role of intravenous iron in cancer-related anemia. Oncology (Williston Park). 2006 Jul;20(8Suppl 6):21-4.
- Pedrazzoli P, Farris A, Del Prete S, et al. Randomized trial of intravenous iron supplementation in patients with chemotherapy-related anemia without iron deficiency treated with darbepoetin alpha. J Clin Oncol. 2008 Apr 1;26(10):1619-25.
- Physician Advisors