

Origination Date: 4/08	Revision Date(s): 4/09, 3/11
Developed By: Medical Criteria Committee	

Robert Neal Mills MD MBA

Approved: **Robert Neal Mills, MD** Date: 03/04/11

ODS Rx ^{1.0} <input type="checkbox"/>	ODS Rx ^{2.0} <input checked="" type="checkbox"/>	OEBB <input checked="" type="checkbox"/>	OHP <input type="checkbox"/>
NON-SPECIALTY <input type="checkbox"/>	SPECIALTY <input checked="" type="checkbox"/>		
PA <input checked="" type="checkbox"/>	QLL <input type="checkbox"/>	STEP THERAPY <input type="checkbox"/>	

Intravenous Iron Therapy

PRODUCTS

Ferumoxytol, iron dextran, iron sucrose, sodium ferric gluconate complex

PURPOSE

To ensure the safe and appropriate use of intravenous iron therapy

DESCRIPTIONS

Iron is an essential element in hemoglobin and required for its production. Parenteral iron therapy is effective but dangerous and more costly than oral supplementation. In certain conditions, intravenous iron is required to maintain an adequate iron balance. Patients with chronic kidney disease undergoing hemodialysis and ESA therapy are often treated with parental iron therapy.

GUIDELINES FOR USE:

- 1) **Is the patient unable to take or tolerate oral iron products?**
 - a) **If yes, go to #2**
 - b) **If not forward to clinical**

- 2) **Does the patient have chronic kidney disease and undergoing hemodialysis?**
 - a) **If yes, go to #5**
 - b) **If no, go to #3**

- 3) **Is the patient unable to adequately maintain iron balance due to surgery or iron deficient anemia?**
 - a) **If yes, go to #5**
 - b) **If no, go to #4**

- 4) **Is the patient undergoing chemotherapy, or donating large amounts of blood for autotransfusion programs?**
 - a) **If yes, go to #5**
 - b) **If no, forward to clinical**

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5) Approve for 6 months

References:

- 1) National Kidney Foundation (NKF). NKF-K/DOQI Clinical Practice Guidelines for Anemia of Chronic Kidney Disease: Update 2000. New York, NY: NKF; 2000. Available
- 2) <http://www.nlm.nih.gov/medlineplus/anemia.html>