Reference number
1013-AMBST

Aetna Medicare Part B Drug Step Criteria

Intravenous Iron

Preferred product(s):
Ferrlecit (sodium ferric gluconate)
Infed (iron dextran)
Venofer (iron sucrose)

This criteria document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization. Step criteria are applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Aetna Medicare Part B Drug Criteria. **Find Aetna Medicare Part B Drug Criteria documents**.

This program applies to intravenous iron products as specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude use of the preferred product and may be based on previous use of a product. The coverage review process will determine situations where a clinical exception can be made. This program applies to all Medicare members who are new to treatment with a targeted product.

For the indication(s) listed below (new starts only):

1. For the treatment of iron deficiency anemia:
    - After intolerance to oral iron or unsatisfactory response to oral iron **OR**
    - Who have chronic kidney disease

TABLE. Intravenous iron

Status	Product(s)
Preferred*	Ferrlecit (sodium ferric gluconate) Infed (iron dextran) Venofer (iron sucrose)
Non-preferred (targeted)	Feraheme (ferumoxytol) Injectafer (ferric carboxymaltose) Monoferric (ferric derisomaltose)

*Preferred products do not require prior authorization

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received the requested product in the past 365 days
2. Inadequate response to a trial of one or more of the preferred products
3. Intolerable adverse event to one or more of the preferred products
4. The preferred products are contraindicated for the member

5. The request is for a medically necessary indication not listed above

REFERENCES

1. Feraheme (ferumoxytol) injection [package insert]. Waltham, MA: AMAG Pharmaceuticals, Inc.; June 2022.
2. Injectafer (ferric carboxymaltose) injection [package insert]. Shirley, NY: American Regent, Inc.; February 2022.
3. Monoferric (ferric derisomaltose) injection [package insert]. Morristown, NJ: Pharmacosmos Therapeutics Inc.; February 2022.
4. Ferrlecit (sodium ferric gluconate complex in sucrose) injection [package insert]. Bridgewater, NJ: Sanofi-Aventis US LLC; March 2022.
5. Infed (iron dextran) injection [package insert]. Madison, NJ: Allergan USA, Inc.; September 2020.
6. Venofer (iron sucrose) injection [package insert]. Shirley, NY: American Regent, Inc.; October 2020.

Revised: November 2023
Aetna Medicare Utilization Management Committee (MUMC) Approved: November 2023
Version: 2024