Evolent Clinical Guideline 3077 for Iron Products

Guideline Number: Evolent_CG_3077	**Applicable Codes**	
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STATEMENT

Purpose

To define and describe the accepted indications for Iron Products [Infed (iron dextran), Venofer (iron sucrose), Ferrlecit (sodium ferric gluconate), Feraheme (ferumoxytol), Monoferric (ferric derisomaltose), Injectafer (ferric carboxymaltose), Accrufer (ferric maltol)] usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Iron Deficiency

- The member has iron deficiency with or without anemia with the presence of any ONE or MORE of the following:
  - Serum ferritin less than 30 ng/mL
  - Transferrin saturation (TSAT) less than 20%
  - Absence of stainable iron in the bone marrow
  - Improvement of anemia with iron replacement therapy (oral or parenteral).

  OR
- The member is receiving (or has received within the last 8 weeks) myelosuppressive chemotherapy AND has chemotherapy induced anemia defined as a Hgb less than 10 g/dL or HCT less than 30 (levels obtained within the last 4 weeks) AND iron products may be used with or without concomitant ESA therapy. Acceptable labs in this situation include a Ferritin less than 30 ng/mL and/or a TSAT (transferrin saturation) of less than 20% within the last 12 months.

OR

- The member has anemia of chronic kidney disease defined by a GFR of less than 60 mL/min AND a Hgb of less than 10 gm/dL or HCT less than 30 (levels obtained within the last 4 weeks). Parenteral iron products may be used with or without concomitant ESA therapy. Acceptable labs in this situation include a Ferritin of less than 30 ng/mL and/or a TSAT (transferrin saturation) of less than 20%.
- NOTE: Per Evolent Policy, prior to using intravenous iron products for the above indications, the member has documentation of failure or intolerance to oral iron products. An exception to the above recommendation is for members with anemia of chronic kidney disease.

CONTRAINDICATIONS/WARNINGS

- Contraindications
  - Iron Dextran
    - Hypersensitivity to iron dextran or any component of the formulation
  - Iron Sucrose
    - Known hypersensitivity to iron sucrose or any component of the formulation
  - Sodium Ferric Gluconate
    - Hypersensitivity to ferric gluconate or any component of the formulation
  - Ferumoxytol
    - Hypersensitivity to ferumoxytol, other IV iron products, or any component of the formulation
  - Ferric Derisomaltose
    - Serious hypersensitivity to ferric derisomaltose or any component of the formulation
  - Ferric Carboxymaltose
    - Hypersensitivity to ferric carboxymaltose or any component of the formulation
  - Ferric Maltol
    - Hypersensitivity to ferric maltol or any component of the formulation
    - Hemochromatosis and other iron overload syndromes
    - Patients receiving repeated blood transfusions
- US Boxed Warning
  - Iron Dextran
    - Anaphylactic-type reactions
      - Anaphylactic-type reactions, including fatalities, have followed the parenteral

administration of iron dextran injection.

- Have resuscitation equipment and personnel trained in the detection and treatment of anaphylactic-type reactions readily available during iron dextran administration.
- Administer a test dose of iron dextran prior to the first therapeutic dose. If no signs or symptoms of anaphylactic-type reactions follow the test dose, administer the full therapeutic iron dextran dose.
- During all iron dextran administrations, observe for signs or symptoms of anaphylactic-type reactions. Fatal reactions have been reported following the test dose of iron dextran injection. Fatal reactions have also occurred in situations where the test dose was tolerated.
- Patients with a history of drug allergy or multiple drug allergies may be at increased risk of anaphylactic-type reactions to iron dextran.
- Use iron dextran only in patients in whom clinical and laboratory investigations have established an iron-deficient state not amenable to oral iron therapy.

- Ferumoxytol
  - Serious hypersensitivity/anaphylaxis reactions
    - Fatal and serious hypersensitivity reactions including anaphylaxis have occurred in patients receiving ferumoxytol. Initial symptoms may include hypotension, syncope, unresponsiveness, cardiac/cardiorespiratory arrest.
    - Only administer ferumoxytol as an intravenous infusion over at least 15 minutes and only when personnel and therapies are immediately available for the treatment of anaphylaxis and other hypersensitivity reactions.
    - Observe for signs or symptoms of hypersensitivity reactions during and for at least 30 minutes following ferumoxytol infusion including monitoring of blood pressure and pulse during and after administration.
    - Hypersensitivity reactions have occurred in patients in whom a previous ferumoxytol dose was tolerated.

EXCLUSION CRITERIA

- Dosing exceeds single dose limit of Accrufer (ferric maltol) 30 mg and treatment exceeds the maximum limit of 60 (30 mg) capsules/month.
- Dosing exceeds single dose limit of Infed (iron dextran) 100 mg or total replacement dose of 1,000 mg per course of treatment.
- Dosing exceeds single dose limit of Ferrlecit (sodium ferric gluconate) 125 mg or total replacement dose of 1,000 mg per course of treatment.
- Dosing exceeds single dose limit of Venofer (iron sucrose) 300 mg per dose or total replacement dose of 1,000 mg per course of treatment.

- Dosing exceeds single dose limit of Injectafer (ferric carboxymaltose) 750 mg or total replacement dose of 1,500 mg per course of treatment.
- Dosing exceeds single dose limit of Feraheme (ferumoxytol) 510 mg or total replacement dose of 1,020 mg per course of treatment.
- Dosing exceeds single dose limit and total replacement dose of Monoferric (ferric derisomaltose) 1,000 mg.
- Investigational use of Iron Products with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
    - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
    - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
    - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
    - Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
    - That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
    - That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
    - That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J1437 - Injection, ferric derisomaltose, 10 mg
- J1439 - Injection, ferric carboxymaltose, 1 mg
- J1750 - Injection, iron dextran, 50 mg
- J1756 - Injection, iron sucrose, 1 mg

- J2916 - Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
- Q0138 - Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)
- Q0139 - Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)
- J8499 - ferric maltol

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
May 2026	• Updated references
May 2025	• Converted to new Evolent guideline template • This guideline replaces UM ONC_1181 Iron Products • Updated references
May 2024	• Updated NCH verbiage to Evolent

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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