

Effective Date: 12/01/2021
Reviewed: 09/2021, 5/2022, 4/2023
Scope: Medicaid

## Accrufer (Ferric Maltol)

### POLICY

#### I. CRITERIA FOR APPROVAL

An authorization of 6 months may be granted when all the following criteria are met:

- A. Patient is 18 years or older; AND
- B. Patient has documented diagnosis of iron deficiency; AND
- C. Patient has iron-deficiency anemia with a Hemoglobin (Hb)  $\leq 11$  g/dL; AND
  - a. Ferritin  $\leq 100$  ng/mL; AND
  - b. Transferrin saturation (TSAT)  $< 20\%$
- D. The patient has experienced a failure, contraindication, or intolerance to at least two oral iron products (e.g., ferrous gluconate, ferrous sulfate).

#### II. CONTINUATION OF THERAPY

Refer to initial criteria.

#### III. QUANTITY LIMIT

- 2 capsules per day or 60 capsules per 30 days

#### IV. COVERAGE DURATION

- 6 months