OVERVIEW
INFeD is an iron replacement product indicated for treatment of iron deficiency anemia in whom oral administration is unsatisfactory or impossible. INFeD is administered intravenously or intramuscularly and treatment may be repeated if iron deficiency remains persistent or recurring. The INFeD prescribing information gives formulas and table guides for individualized dosages.

Disease Overview
Iron deficiency anemia is a very broad diagnosis and can have many different etiologies; underlying causes should be corrected when appropriate. Anemia is generally characterized by a decrease in hemoglobin (Hb) or in the volume of red blood cells, which decrease the oxygen-carrying capacity in the blood. Anemia is defined by the World Health Organization as Hb < 13.0 g/dL in men, < 12.0 g/dL in women, and < 11 g/dL during pregnancy. Acute-onset anemia can present with tachycardia, lightheadedness, and shortness of breath. Chronic anemia can manifest as weakness, fatigue, headache, dizziness, and pallor. Worldwide, iron deficiency is the most common nutritional deficiency. Anemia is prevalent in patients with chronic kidney disease (CKD) and the frequency and severity of anemia may increase with declining renal function. The severity and causes are variable and it can be a sign of other illnesses. Iron deficiency anemia is characterized by decreased levels of ferritin and serum iron, as well as decreased transferrin saturation (TSAT); decreases in Hb and hematocrit may follow.

Guidelines
The KDIGO guidelines for anemia in CKD (2012) make various recommendations regarding iron therapy. For adults with CKD and anemia not on iron or erythroid stimulating agent (ESA) therapy, a trial of IV iron (or in non-dialysis patients with CKD, alternatively, a 1 to 3 month trial of oral iron therapy) is recommended if an increase in Hb concentration without starting ESA treatment is desired and TSAT is ≤ 30% and ferritin is ≤ 500 ng/mL. For adults with CKD on ESA therapy who are not receiving iron supplementation, a trial of IV iron (or in non-dialysis CKD patients, alternatively, a 1 to 3 month trial of oral iron therapy) is recommended if an increase in Hb concentration or a decrease in ESA dose is desired and TSAT is ≤ 30% and ferritin is ≤ 500 ng/mL. For all pediatric patients with CKD with anemia not on iron or ESA therapy, oral iron (or IV iron in patients receiving hemodialysis) is recommended when TSAT is ≤ 20% and ferritin is ≤ 100 ng/mL. For all pediatric patients with CKD who are receiving ESA therapy but not receiving iron supplementation, it is recommended to administer oral iron (or IV iron for patients receiving hemodialysis) to maintain TSAT > 20% and ferritin > 100 ng/dL.

Other Uses with Supportive Evidence
A 2017 focused update of the 2013 American College of Cardiology Foundation/American Heart Association guideline for the management of heart failure. It states that patients with New York Heart Association class II or III heart failure, absolute iron deficiency (ferritin < 100 ng/mL) or functional iron deficiency (ferritin 100 to 300 mg/mL if TSAT is < 20%), and with or without anemia, IV iron replacement may be reasonable to improve functional status and quality of life. Benefits noted with IV iron therapies included improvement in functional capacity and improvements in the six-minute walk test.

The National Comprehensive Cancer Network guidelines on Hematopoietic Growth Factors (version 1.2020 – November 15, 2019) discuss the management of cancer- and chemotherapy-induced anemia. IV
Iron therapy is considered an option for patients with absolute iron deficiency (ferritin < 30 ng/mL and TSAT < 20%), functional iron deficiency (ferritin = 30 to 500 ng/mL and TSAT < 50%), and possible functional iron deficiency (ferritin = 501 to 800 ng/mL and TSAT < 50%).

**POLICY STATEMENT**
Prior authorization is recommended for medical benefit coverage of INFeD. Approval is recommended for those who meet the Criteria and Dosing for the listed indication(s). Requests for doses outside the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist).

**RECOMMENDED AUTHORIZATION CRITERIA**

**FDA-Approved Indications**

1. **Iron Deficiency Anemia, Other.** Approve for 1 year if the patient meets one of the following (A, B, C, or D):
   - **A)** The patient meets both of the following (i and ii):
     - i. The patient has tried oral iron supplementation; AND
     - ii. According to the prescriber, oral iron supplementation was ineffective or intolerable; OR
   - **B)** The patient has a condition which, per the prescriber, will interfere with oral iron absorption (e.g., inflammatory bowel disease, Crohn’s disease); OR
   - **C)** The patient is currently receiving an erythroid stimulating agent; OR
     - **Note:** Examples of erythroid stimulating agents include an epoetin alfa product, a darbepoeitin alfa product, or a methoxy polyethylene glycol-epoetin beta product.
   - **D)** The medication is being requested for cancer- or chemotherapy-related anemia.

   **Dosing.** Approve up to a maximum cumulative total dose of 1000 mg given intravenously or intramuscularly per 30 days.

**Other Uses with Supportive Evidence**

2. **Iron Deficiency Anemia in Chronic Kidney Disease.** Approve for 1 year if the product is prescribed by, or in consultation with, a nephrologist or hematologist.

   **Dosing.** Approve up to a maximum cumulative total dose of 1000 mg given intravenously or intramuscularly per 30 days.

3. **Iron Deficiency Associated with Heart Failure.** Approve for 1 year if the product is being prescribed by, or in consultation with, a cardiologist or hematologist.

   **Dosing.** Approve up to a maximum cumulative total dose of 1000 mg given intravenously or intramuscularly per 30 days.

**CONDITIONS NOT RECOMMENDED FOR APPROVAL**
INFeD has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

HISTORY

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