



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Attention OB/GYN PROVIDERS

Important Information regarding IV Iron Replacement Medication Prior Auth Requests

HPN, SHL, Medicaid, and SHO Plans follow the UHC Medical Policy “Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)” for IV Iron Replacement medication service requests. Members must meet the stipulated policy criteria/requirements. The full policy is available at: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/iv-iron-replacement-therapy.pdf>.

Below are important highlights of the UHC Medical Policy that can assist with the prior authorization review of Feraheme (ferumoxytol), Injectafer (ferric carboxymaltose), and Monoferric (ferric derisomaltose) for indication of Iron Deficiency Anemia:

- If requesting for **Feraheme** (*ferumoxytol*), **Injectafer** (*ferric carboxymaltose*), or **Monoferric** (*ferric derisomaltose*), member must meet the following:

INITIAL THERAPY	CONTINUATION THERAPY
<ul style="list-style-type: none"> ○ Submit medical records – CBC report, Iron/Anemia panel, chart notes, diagnosis of iron deficiency anemia ○ History of failure/contraindication/intolerance to oral iron therapy ○ History of treatment failure with at least 2 of these meds: Infed (iron dextran), Ferrlecit (sodium ferric gluconate complex), Venofer (iron sucrose) OR history of intolerance/contraindication/severe adverse event to all these products: Infed (iron dextran), Ferrlecit (sodium ferric gluconate complex), Venofer (iron sucrose) ○ Physician attests that in their clinical opinion, the clinical response would be expected to be superior with Feraheme, Injectafer, or Monoferric than experienced with the other products 	<ul style="list-style-type: none"> ○ Coverage has previously been provided by UnitedHealthcare for Feraheme, Injectafer, or Monoferric for the treatment of iron deficiency anemia ○ Recent lab test results since the last Feraheme, Injectafer, or Monoferric administration to demonstrate need for additional therapy

Thank you in advance for your cooperation. If you have any questions regarding this notification, please contact your Provider Advocate directly or the Provider Services Department at (702) 242-7088 or (800) 745-7065.