# **Intravenous (IV) Iron Infusions**

## **Purpose**

To provide access to IV Ferric Carboxymaltose (Ferinject) for persons diagnosed with iron-deficiency anaemia and requires intravenous (IV) iron treatment.

Oral iron replacement is the preferable option, with intravenous (IV) infusion for urgent treatment or treatment failure (as per the PHARMAC Special Authority criteria).

Intravenous iron infusion:

* Are indicated for the correction of iron deficiency anaemia
* Produces an increase in haemoglobin within 2 weeks.
* May reduce the need for a blood transfusion.
* There is no limit to the number of Iron Infusion claims per patient, however the patient must meet the eligibility criteria at the time of each infusion.

## **Eligibility Criteria**

Meets one of the following:

* Māori or Pasifika **OR**
* Other ethnicity with CSC **OR**
* Living in Quintile 4 & 5

**AND**

* Hawkes Bay Resident, enrolled in a Hawkes Bay general practice **AND**
* Aged 14 years and over **AND**
* Diagnosed with iron-deficiency anaemia with a Serum Ferritin less than or equal to 20mcg/L **AND**
* Meets PHARMAC Special Authority criteria for funded Ferric carboxymaltose (Ferinject), Special Authority Form SA1840

## **Exclusions**

Patients will not be eligible if they meet one of the following

* ACC funded treatments
* Previous adverse reaction to IV iron
* Pregnant women.
* Patients living outside of Hawkes Bay
* Unenrolled patients
* Funding does not include the GP visit identifying an IV Iron infusion as the best treatment option.
* Has had a previous Iron Infusion in the last 3 months

## **Funding**

**Claiming is through the Halcyon Provider Portal> Iron Infusions**

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| --- | --- | --- |
| **Service** | **Funding (Excl GST)** | **Funding (Incl GST)** |
| Administration of Iron Infusion and follow up phone call | $ 145 | $ 166.75 |

# **Prescription Co-payment**

Patients are responsible for the co-payment of the prescription for this medication.

**Intravenous Iron Infusions**

**Pre-procedure**

1. Investigate and treat the cause of iron deficiency. Treatment with IV iron infusion does not replace the need to investigate and manage the underlying cause.
2. Check CBC and ferritin. A ferritin < 20 micrograms/L is diagnostic of iron deficiency.
3. Consider:   
   • End-stage renal failure – specific protocols are used for iron deficiency in patients with end-stage renal failure. Seek Nephrology advice.
4. Check phosphate level if any of these indications are present. If phosphate is reduced, defer iron infusion until it has been corrected. Consider seeking Endocrinology advice.
5. Ensure no contraindications to administrating IV iron are present.
6. Advise your patient of adverse effects of IV iron, including immediate and delayed reactions.
7. Advise the patient to pause oral iron for one week after IV iron infusion due to the absorption of oral iron being impaired immediately following IV iron.

**Procedure**

Iron infusions to otherwise healthy patients can be administered in primary care.

1. The patient is responsible for the prescription fee.
2. Ensure resuscitation facilities are available as IV iron carries a small risk of anaphylaxis.
3. Administer ferric carboxymaltose (Ferinject) intravenously according to patient's weight. Ferric carboxymaltose (Ferinject) can be prescribed by general practitioners, and is fully subsidised under Special Authority

**Post-procedure**

1. Contact is made with the patient following procedure, as required.
2. Consider restarting oral iron one week following IV iron infusion to delay recurrence of iron deficiency.
3. Repeat blood count 6 weeks following IV iron, or in 2 to 4 weeks if actively bleeding, to ensure anaemia is responding.
4. Repeat ferritin in 6 weeks. Do not recheck ferritin until at least 4 weeks have elapsed.
5. Monitor blood count and ferritin every 3 to 6 months, as iron deficiency anaemia may recur if the underlying cause has not been treated.
6. Consider further investigations in patients with persistent unexplained iron deficiency anaemia