Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 8, 2018

VENOFER ® (iron sucrose)

LENGTH OF AUTHORIZATION: SIX MONTHS

REVIEW CRITERIA:

1. Inadequate response or adverse reaction to an adequate trial of oral iron supplementation.

2. Trial and response to therapy of preferred agent in patients who are hemodialysis dependent.

3. For patients who are losing iron (blood) at a rate too rapid for oral intake to compensate for the loss; **OR**

4. Diagnosis of iron deficiency anemia:
    a. Non-dialysis dependent-chronic kidney disease (NDD-CKD) not receiving supplemental erythropoietin/epoetin therapy; **OR**
    b. Non-dialysis-dependent chronic kidney disease (NDD-CKD) receiving supplemental erythropoietin/epoetin therapy; **OR**
    c. Hemodialysis dependent-chronic chronic kidney disease (HDD-CKD) receiving supplemental erythropoietin/epoetin therapy; **OR**
    d. Peritoneal dialysis dependent-chronic kidney disease (PDD-CKD) receiving supplemental erythropoietin/epoetin therapy; **OR**
    e. Members with anemia due to chemotherapy; **OR**

5. Disorders of the gastrointestinal tract, such as inflammatory bowel disease (e.g. ulcerative colitis and Crohn's disease) in which symptoms may be aggravated by oral iron therapy.