

POAC CRITERIA FOR FUNDED FERRIC CARBOXYMALTOSE INFUSION

POAC funding is available for administration of ferric carboxymaltose for patients in the three Auckland Districts who meet the POAC funding criteria for infusions and are aged ≥ 14 years. See the IV iron Infusion HealthPathway – [here](#)

The recent updated HealthPathway advises a SINGLE 1,000mg dose for ALL patients over 35kg.

POAC FUNDING CRITERIA

ANTENATAL PATIENTS

Patient has been diagnosed with iron deficiency anaemia, ferritin is ≤ 20 , **and** Hb is < 110 g/L and:

either

failure of a trial of oral iron therapy due to significant side effects (control minor side effects with symptomatic treatment),

or

persistent anaemia after 4 weeks despite compliance with oral iron therapy

or

Rapid correction of anaemia is required

Seek gynaecology/obstetric advice as appropriate if:

- Patient is in the first trimester of pregnancy (gynaecology advice)
- Anaemia and > 37 weeks gestation
- Hb < 70 and > 34 weeks gestation
- concern about symptoms

POST NATAL PATIENTS

Patient has been diagnosed with iron deficiency anaemia and ferritin ≤ 20 mcg/L

and

rapid correction of anaemia is required due to one of the following:

- Hb < 90 g/L, or
- HB < 100 g/L with symptoms of anaemia

OTHER PATIENTS

Patient has been diagnosed with iron deficiency anaemia and ferritin ≤ 20 mcg/L **and** one or more of the following:

Hb < 100 g/L for women and < 115 g/L for men **and**:

Either

Failure of a trial of oral therapy due to significant side effects (control minor side effects with symptomatic treatment)

or

persistent anaemia after 4 weeks despite compliance with oral iron therapy

or

rapid correction of anaemia is required

SPECIALIST RECOMMENDATION OPTION (FERRITIN LEVEL NOT SPECIFIED)

Consider this option if a patient does not meet any of the POAC criteria above. Recommendation from a named specialist is required for POAC funding. Unless urgent, request advice from the specialist using the **Specialist Advice option on e-referrals**.

Criteria:

Patient has been diagnosed with iron deficiency anaemia (HB < 115 female or < 130 Male) and IV iron infusion is recommended by an internal medicine physician, obstetrician, gynaecologist, or anaesthetist on the grounds that:

- Patient has been compliant with oral iron treatment and treatment has proven ineffective.
- or**
- Treatment with oral iron has resulted in dose-limiting intolerance.
- or**
- Patient has symptomatic heart failure, chronic kidney disease stage 3 or more or active inflammatory bowel disease and a trial of oral iron is unlikely to be effective.
- or**
- Rapid correction of anaemia is required

The specialist's name and the grounds for the recommendation are required for POAC claiming. Note that the grounds for the recommendation will also be required for the PHARMAC Special Authority.

PATIENTS WHO DO NOT MEET THE SPECIAL AUTHORITY CRITERIA FOR COMMUNITY FUNDED FERRIC CARBOXYMALTOSE

POAC will fund the **administration** of IV ferric carboxymaltose if recommended by a specialist even where the special authority criteria for community funding of ferric carboxymaltose are not met.

The patient may elect to pay for the ferric carboxymaltose medication themselves or the specialist may provide a hospital script.