IV Iron Infusion

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A programme by WellSouth

Last Updated 06/11/2024

Intended Purpose

This programme is intended to offer eligible patients a funded IV iron infusion at their General Practice, preventing the need for a hospital visit to receive the infusion. The programme is part of a suite of planned care procedures available in primary care General Practices.

HealthPathways Link: https://southern.communityhealthpathways.org/288018.htm

Presenting Concerns

- Symptomatic iron deficiency anaemia, or
- Maternity: trimester 2 or 3 only, or
- Chronic heart failure, or
- Inflammatory bowel disease, or
- Chronic kidney disease, or
- Postpartum

Please see Appendix overleaf for detailed criteria.

STRICT ELIGIBILTY CRITERIA APPLIES — WellSouth criteria may differ to Pharmac.

PLEASE CHECK BEFORE OFFERING TO THE PATIENT

Exclusions

- Maternity: Trimester 1
- Any patient weighing less than 35kg

Second Infusions:

- Also eligible are patients who have already had an IV Iron Infusion within the last 3 months and need to have a 2nd infusion because a dose of >1000mg is required.
- On consultant advice, a second infusion may be given within 3 months of a previous one.
- *In both instances this must be clearly documented in the portal and include the name of the consultant.

Claiming

Claiming is via the WellSouth PHN portal.

Other Programmes New Zoledronic Acid Infusion Claim
New IV Iron Infusion Claim

Service codes for your PMS

Please set these up prior to using the programme.

Code	Amount (incl. GST)	Description
WPPIII	\$143.75	IV IRON Infusion

Payment Rates (excl. GST)

\$125 + GST IV IRON Infusion

Can a co-payment be charged?

No co-payment can be charged.

When does the claim need to be completed?

Claiming must be completed within 2 months of treatment.

Audit

Claims may be subject to an Audit at WellSouth discretion.

If your PMS is aligned to the WellSouth Clinical BCTIs, please contact <u>practicenetwork@wellsouth.org.nz</u> with your new Account Internal ID.

Appendix



Symptomatic Iron Deficiency

Symptomatic Iron Deficiency

Symptomatic Iron Deficiency:

- a. Patient must be diagnosed with symptomatic iron deficiency ANAEMIA AND
- b. If female, Hb must be < 115g/L If male, Hb must be < 130g/L AND
- c. Ferritin < 20ug/L (or Ferritin < 50ug/L if the CRP is ≥ 5mg/L) AND
- d. Failure of 3-month trial of oral iron therapy

Chronic Heart Failure

Chronic Heart Failure

Chronic Heart failure with reduced ejection fraction and:

- a. Ferritin < 100ug/L OR
- b. Ferritin 100 300ug/L with transferrin saturation < 20%

Inflammatory Bowel Disease

Inflammatory Bowel Disease

Inflammatory Bowel Disease with:

- a. Ferritin < 100ug/L
- b. Transferrin saturation < 16%

Chronic Kidney Disease

Chronic Kidney Disease

Chronic Kidney Disease

- Anaemia of inflammation or functional iron deficiency with
- Hb <100g /L and
- · Ferritin >20ug/L

Or on consultant recommendation only

Maternity (Trimester 2& 3 Only)

Maternity - Trimester 2 or 3

Maternity Trimester 2 or 3 - must have:

- a. Hb < 105g/L
- b. Ferritin < 30ug/L (or Ferritin < 50ug/L if the CRP is > 5mg/L) with other deficiencies excluded or corrected AND
- c. At least 1 of the following:
 - i. Fetal compromise
 - Failure of oral iron therapy trial, e.g. < 10 g/L rise in Hb and ferritin remains low, poorly tolerated side-effects, or high oral iron requirements
 - iii. 36 weeks or more gestation

Severe iron deficiency anaemia with both of the following:

- i. Hb < 85q/L
- ii. Ferritin < 20ug/L (or Ferritin < 50ug/L if the CRP is > 5mg/L)

with other deficiencies excluded or corrected

Postpartum

Postpartum

Postpartum

- Must be haemodynamically stable
 AND
- Hb < 85g/L with or without previous blood transfusion