

# IV IRON INFUSION

WellSouth has a suite of Primary Options for Care (POC). POC are designed to either prevent a hospital admission or offer the patient a service which is normally provided in a hospital, at a General Practice. This may be at the patients usual General Practice or

Patients who meet the criteria for IV Iron infusion as per the relevant Southern Health Pathway (IV Iron Infusion) may be managed in Primary Care. For more information visit [Health Pathways](#)

### Eligibility:

- Symptomatic Iron Deficiency
- Maternity: Trimester 2 or 3 only
- Chronic Heart Failure
- Inflammatory Bowel Disease
- Chronic Kidney Disease
- Postpartum

*\*Please see Appendix for detailed criteria*

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 **or** on consultant advice\*.

**\*This must be clearly documented in the portal and include the name of consultant.**

### Exclusions:

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

### Claiming

- Claiming is via the WellSouth PHN

POAC - Primary Options for Acute Care	New IV Antibiotics Therapy Consult
	New Cellulitis Follow-Up
	New IV Fluids Claim
	New Urinary Catheterisation
	<b>New IV Iron Infusion Claim</b>

portal

- Service codes for your PMS—please set these up prior to using the pro-

Code	Amount	Description
WPPIII	\$143.75	IV IRON Infusion

gramme

- Programme payment rates are: **\$125 +GST** (This includes consumables, please do not on charge the patient)

# IV IRON INFUSION

Appendix:  
Extension to IV Iron Programme—Criteria Breakdown

## Symptomatic Iron Deficiency

Presenting concern

Symptomatic Iron Deficiency

Symptomatic Iron Deficiency – must have all of the following:

- a. Hb < 100g/L
- b. Ferritin < 20ug/L (or Ferritin < 50ug/L if the CRP is > 5mg/L)
- c. Failure of 3-month trial of oral iron therapy

## Chronic Heart Failure

Presenting concern

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

Presenting concern

Inflammatory Bowel Disease

Inflammatory Bowel Disease with:

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

## Chronic Kidney Disease

Presenting concern

Chronic Kidney Disease

Chronic Kidney Disease

Anaemia of inflammation (also known as anaemia of chronic disease) or functional iron deficiency with Hb less than 100 g/L, but ferritin greater than 20 ug/L, on consultant recommendation only

## Maternity (Trimester 2 & 3 only)

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
  - ii. 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
 OR  
 Severe iron deficiency anaemia with both of the following:
  - i. Hb < 85g/L
  - ii. Ferritin < 20ug/L (or Ferritin < 50ug/L if the CRP is > 5mg/L) with other deficiencies excluded or corrected

## Postpartum

Presenting concern

Postpartum

Postpartum

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