



Commercial/Healthcare Exchange PA Criteria
Effective: September 14, 2021

Prior Authorization: Accrufer

Products Affected: Accrufer (ferric maltol) oral capsules

Medication Description: Ferric maltol delivers iron for uptake across the intestinal wall and transfer to transferrin and ferritin; it dissociates upon uptake from the gastrointestinal tract allowing iron and maltol to be absorbed separately.

Covered Uses: Iron deficiency

Exclusion Criteria:

1. History of hypersensitivity to ferric maltol or any component of the product
2. History of hemochromatosis and other iron overload syndromes
3. History of receiving repeated blood transfusions

Required Medical Information:

1. Diagnosis
2. Previous medications tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: None

Coverage Duration: 6 months for initial and 1 year for continuation of therapy

Other Criteria:

I. Initial Approval Criteria

1. Iron deficiency

Patient must meet all the below criteria:

- A. Diagnosis of Iron deficiency; AND
- B. Trial and failure or intolerance to at least two over-the-counter iron products

II. Continued Therapy

1. Iron deficiency

- A. Member has responded positively to the treatment as determined by the prescribing physician, based on improvement in Hb/Ferritin levels; AND

Last Rev. September 2021



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B. Member has not experienced unacceptable toxicity from the drug. (e.g- severe GI adverse effects, Iron overload, etc)

References:

1. Accrufer [package insert]. Shield Therapeutics Inc. Updated July 13, 2021. Accessed July 29, 2021.
2. Accrufer. IBM Micromedex® [database online]. Greenwood Village, CO. Truven Health Analytics. Available at: <https://www.micromedexsolutions.com>. Updated July 16, 2021. Accessed July 29, 2021.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/14/2021