July 13, 2022

Re: IV Iron Therapy Policy

The Missouri Oncology Society (MOS), the official state affiliate of the American Society of Clinical Oncology, represents cancer providers in the state of Missouri. MOS wishes to protest payer policies that direct providers to use only one type of intravenous iron therapy. These policies fail to take into account the multitude of issues that increase costs to the patient and provider and that inhibit optimal care of cancer patients in Missouri.

The policy's economic considerations seem to focus on product acquisition costs only. Other clinical and economic factors to consider when administering IV iron include but are not limited to: Number of infusions; Infusion time; Cost offsets/financial risk; Quality metrics (MIPS/APM); Clinical profile (effectiveness & safety).

In addition, although it is a common belief that all IV iron products are equally safe, that does not appear to be the case as reported in a large Medicare data set recently reported in the Annals of Internal Medicine.[1] I should note that Dr. Brittenham is regarded as one of the world's foremost experts on iron therapy. As reported in this article, for example, the hazard rate of anaphylaxis with the need for CPR for iron dextran (even low molecular weight) was 5.0 compared to iron sucrose (i.e., 5 times higher) while the hazard rate, for example, of ferric carboxymaltose was 0.4 (i.e., 60% less than iron sucrose).

The burdens of some iron formulations on the patient and provider are significant. For example, complete replacement (considered to be 1000 mg elemental iron) for iron sucrose would typically take 5 separate infusions spaced over at least 5 weeks with the corresponding delay in response, a long time for severely anemic iron deficient cancer patients, and may delay such things as surgery or optimal tolerance to radiation or chemotherapy.

The burden to the provider of carrying a different iron preparation for each payer is very significant and potentially prohibitive, with the need to increased pharmacy space and significant administrative costs. In addition, administration of multiple iron products could lead to nursing errors compared the learning curve of one or two products.

For the patient, in addition to delays in achieving hemoglobin goals, multiple trips to the clinic lead to marked increased in travel costs, parking fees, co-insurance costs, increased risks of exposure to Covid and facility fees. These also markedly increase the costs to the payer.

In summary, for the multiple reasons outlined, the physician and/or multidisciplinary care team should remain in charge of which iron product is best for his or her patient and should decide which is the most appropriate for each patient.

Thank you.

Sincerely yours,

Joseph J. Muscato, MD, FACP
President

[1] Dave CV, Brittenham GM, et al. Risks for Anaphylaxis With Intravenous Iron Formulations. Ann Intern Med. 2022;175:656-664