

**Accrufer (ferric maltol, oral)**

**Diagnoses Considered for Coverage:**

- Iron deficiency

**Coverage Criteria:**

**For diagnosis of iron deficiency, approve if:**

- Inadequate response, intolerable side effect or contraindication to an OTC iron supplement (e.g. ferrous sulfate, ferrous gluconate), **and**
- Dose does not exceed 2 capsules per day.

**Coverage Duration:** one year

Effective Date: 11/30/2022