

# GASTROENTEROLOGY ONLY: Ferric Maltol (Feraccru<sup>®</sup>) capsules for the treatment of iron deficiency anaemia in adults (patient's intolerant to conventional preparations)

Green Traffic light on BSW formulary ([www.bswformulary.nhs.uk](http://www.bswformulary.nhs.uk))

Feraccru<sup>®</sup> is significantly more expensive than conventional oral iron salts, hence the restricted position on the BSW formulary. A 12-week course of Feraccru<sup>®</sup> costs £142.80 (Feb 2022 Drug Tariff).

Only for use following assessment of cause of iron deficiency anaemia (IDA) and where patient has not tolerated at least two conventional oral iron salts

e.g. Ferrous sulfate/ferrous fumarate (see inclusion criteria below\*)

Start ferric maltol 30mg BD for one month.

Repeat FBC and ferritin at 1/12 to assess if Hb and ferritin are improving or have normalised

Hb  
decreased

Refer to secondary care:  
Stop ferric maltol and consider IV iron

Hb and ferritin the same or increasing

Continue ferric maltol 30mg BD for a further 2/12 and repeat bloods after the full course of 3/12 to monitor response

Normalisation of Hb and ferritin

Stop ferric maltol. Recheck Hb after treatment gap of 3 months.

Insufficient rise in Hb and ferritin

At a dose of 30mg BD, normalisation of Hb and Ferritin would be expected in 3 months. GP can extend to maximum of 6 months for single course if required or refer for consideration of IV iron.

## Ferric maltol inclusion criteria\*:

1. Hb and ferritin failed to normalise after adequate trials of at least two conventional oral iron salts and patient has no exclusion criteria/contraindications.
2. Deemed intolerant of conventional oral iron salts following an individual patient review and side effects (e.g. constipation, diarrhoea, epigastric pain, faecal impaction, nausea, GI irritation, exacerbation of IBS) are unmanageable to the extent patient is no longer able to continue conventional oral iron despite dose reduction.

## Ferric maltol exclusion criteria:

- No previous trial of two oral iron salts
- Iron overload syndromes
- IBD patients with an active flare or Hb <9.5 g/dL
- Repeat blood transfusions
- Haemochromatosis

## Intolerance to oral iron (from [NICE CKS topic Anaemia – iron deficiency](#) last revised Nov 21)

Adverse effects are dose related and are directly related to the amount of iron absorbed (although the relationship between constipation or diarrhoea is less clear than for nausea and epigastric pain).

- The incidence of adverse effects is no greater with ferrous sulfate than with other iron salts.
- Adverse effects of oral iron supplements are a common cause of non-compliance with treatment — 10–20% of people are thought to discontinue iron supplements because of adverse effects.

If adverse effects are troublesome, the following may help to minimize them:

- Taking the iron supplement with or after food. Iron supplements are better tolerated when taken with or after food. However, this may decrease iron absorption by 40–66%.
- Reducing the dose frequency to alternate days

**Repeating courses:** Courses may be repeated as and when necessary but should be stopped if patient switches to IV iron.

**Further information:** Feraccru<sup>®</sup> should be swallowed whole and taken on an empty stomach. Feraccru<sup>®</sup> contains lactose and gelatin of bovine origin. For full prescribing info see [Feraccru Summary of Product Characteristics](#).