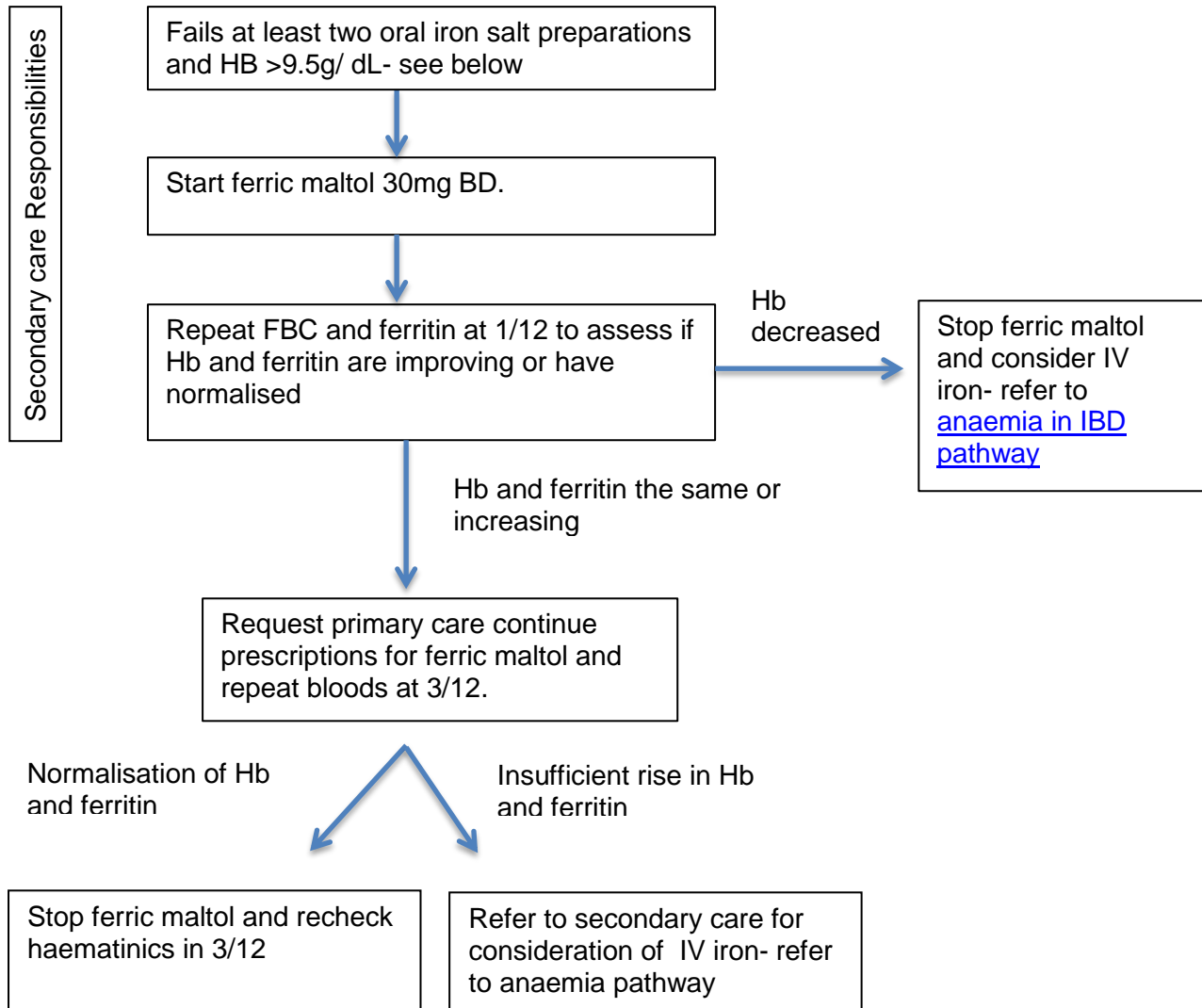


Ferric Maltol (Ferracru®) for the treatment of iron deficiency anaemia in inflammatory bowel disease

Traffic light classification- Amber 2

Consensus of a local agreement between Primary and Secondary care



Ferric maltol inclusion criteria

1. Hb and ferritin failed to normalise with conventional oral iron salts but Hb no less than 9.5 g/dL
2. Deemed intolerant of conventional oral iron salts following an individual patient review by the clinician and side effects are unmanageable by reducing dose e.g:
 - Constipation
 - Diarrhoea
 - Epigastric pain
 - Faecal impaction

- Gastrointestinal irritation
- Nausea
- Exacerbation of IBD

Ferric maltol exclusion criteria

- No previous trial of oral iron salts
- Hb <9.5 g/dL
- Haemochromatosis
- Iron overload syndromes
- Repeated blood transfusions

Secondary care will be responsible for initiating ferric maltol and ensuring that patient is responding after 1 month of treatment prior to transfer to primary care.

What increase would you expect over three months?

At a dose of 60mg daily, normalisation of Hb and Ferritin would be expected in three months

References:

[BNF](#) accessed online 7th April 2018

[Ferracru Summary of Product Characteristics](#). Last Updated April 2018