# Ferric maltol for iron deficiency anaemia in inflammatory bowel disease

## NHS Devon

## Commissioning policy

A 4-week trial of ferric maltol is routinely commissioned for the treatment of iron deficiency anaemia in patients with inflammatory bowel disease in whom 2 standard oral iron preparations have been ineffective or not tolerated. If following a 4-week course of treatment, a clinically acceptable haematological response has been achieved, treatment may continue for a further 12 weeks.

The Formulary Interface Group should include this in locally defined treatment recommendations.

## Rationale for the decision

Iron deficiency anaemia (IDA), occurs when the body has an impaired capacity to produce red blood cells due to low iron stores. Haemoglobin (Hb) is a protein found in red blood cells which transports oxygen around the body. When Hb is reduced due to IDA, oxygen delivery in the body is impaired, this may result in symptoms such as fatigue and heart palpitations. Inflammatory bowel disease (IBD) is a long-term condition which causes relapsing-remitting, non-infectious inflammation of the gastrointestinal (GI) tract. The inflammatory processes which occur in the GI tract of individuals living with IBD can causes issues with vitamin and mineral absorption. As such, IDA is a common presentation in individuals living with IBD.

Traditional treatment for IDA uses oral iron salts. However, some patients with IDA who also have IBD have poor outcomes when standard oral iron preparations are used due to poor absorption or tolerance of the products. Ferric maltol is recommended for patients who do not respond to standard oral iron treatments and who would otherwise require intravenous iron. Using oral iron has potential advantages for the patient in terms of convenience by avoiding a trip to hospital and administration of the infusion, although normalisation of Hb may take a few weeks longer. Oral ferric maltol also potentially releases healthcare resources for other activity compared to intravenous iron administration.

Data from clinical trials has demonstrated that ferric maltol improves Hb concentration better than placebo. In clinical trials the responder rate at 12-weeks to ferric maltol was lower than to intravenous iron but it is considered acceptably high enough to be a worthwhile option to consider a therapeutic trial in appropriate patients. Where response is assessed at 4 weeks and treatment continued for a further 12 weeks only in those who show a clinically acceptable response, it is likely that overall resources will be saved and patient experience benefits will be derived.

It is therefore judged that when used in a treatment pathway for patients who would otherwise receive IV iron, ferric maltol will result in overall patient benefit and local NHS cost savings by reducing the number of patients who require IV iron.

# Guidance notes on exceptionality

Not applicable.

| Date of publication: | Version: |
|---|---|
| 31.01.2025 | Policy agreed by NHS Devon |