

- **INTERACTIONS** → Appendix 1: iron (injectable)
- **SIDE-EFFECTS**
 - ▶ **Uncommon** Fishbane reaction · infection
 - ▶ **Rare or very rare** Dysphonia
- **PREGNANCY** Avoid in first trimester.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in compensated hepatic disease—monitor iron status to avoid iron overload; avoid in decompensated hepatic disease, in hepatitis and where iron overload is a precipitating factor (particularly porphyria cutanea tarda).
- **NATIONAL FUNDING/ACCESS DECISIONS**

Scottish Medicines Consortium (SMC) decisions

The *Scottish Medicines Consortium* has advised (February 2017) that iron (III) isomaltoside 1000 5% (*Diafer*[®]) is accepted for use within NHS Scotland for the treatment of iron deficiency in adults with chronic kidney disease on dialysis, when oral iron preparations are ineffective or cannot be used. The advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- ▶ **Diafer** (Pharmacosmos UK Ltd) ▼
Iron (as iron isomaltoside 1000) 50 mg per 1 mL Diafer 100mg/2mL solution for injection ampoules | 25 ampoule [PoM] £423.75
- ▶ **Monofer** (Pharmacosmos UK Ltd) ▼
Iron (as iron isomaltoside 1000) 100 mg per 1 mL Monofer 500mg/5mL solution for injection vials | 5 vial [PoM] £423.75
Monofer 100mg/1mL solution for injection vials | 5 vial [PoM] £84.75
Monofer 1g/10mL solution for injection vials | 2 vial [PoM] £339.00

1079

Iron sucrose

29-Nov-2019

● INDICATIONS AND DOSE

Iron-deficiency anaemia

- ▶ **BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION**
- ▶ **Adult:** Doses calculated according to body-weight and iron deficit (consult product literature)

- **INTERACTIONS** → Appendix 1: iron (injectable)
- **SIDE-EFFECTS**
 - ▶ **Uncommon** Asthenia
 - ▶ **Rare or very rare** Drowsiness · urine discolouration
 - ▶ **Frequency not known** Cold sweat · confusion · level of consciousness decreased · thrombophlebitis
- **PREGNANCY** Avoid in first trimester.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution—monitor iron status to avoid iron overload; avoid where iron overload is a precipitating factor (particularly porphyria cutanea tarda).
- **DIRECTIONS FOR ADMINISTRATION** Manufacturer advises for *intermittent intravenous infusion* (*Venofer*[®]), dilute to a concentration of 1 mg/mL with Sodium Chloride 0.9%; give at a rate not exceeding 6.67 mg/minute (consult product literature). Manufacturer advises for *slow intravenous injection* (*Venofer*[®]), give undiluted at a rate of 1 mL/minute; do not exceed 10 mL (200 mg iron) per injection.
- **PRESCRIBING AND DISPENSING INFORMATION** A complex of ferric hydroxide with sucrose containing 2% (20 mg/mL) of iron.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- ▶ **Venofer** (Vifor Pharma UK Ltd) ▼
Iron (as iron sucrose) 20 mg per 1 mL Venofer 100mg/5mL solution for injection vials | 5 vial [PoM] £43.52

MINERALS AND TRACE ELEMENTS > IRON, ORAL

Iron (oral)



- **CAUTIONS** High doses in elderly
- **CAUTIONS, FURTHER INFORMATION**
 - ▶ **Elderly** Prescription potentially inappropriate (STOPP criteria) at oral doses greater than 200 mg elemental iron daily (no evidence of enhanced iron absorption above these doses). See also Prescribing in the elderly p. 33.
- **SIDE-EFFECTS**
 - ▶ **Common or very common** Constipation · diarrhoea · gastrointestinal discomfort · nausea
 - ▶ **Uncommon** Vomiting
 - ▶ **Frequency not known** Appetite decreased · faeces discoloured
- **SIDE-EFFECTS, FURTHER INFORMATION** Iron can be constipating and occasionally lead to faecal impaction. Oral iron, particularly modified-release preparations, can exacerbate diarrhoea in patients with inflammatory bowel disease; care is also needed in patients with intestinal strictures and diverticular disease.
- **Overdose** For details on the management of poisoning, see Iron salts, under Emergency treatment of poisoning p. 1430.

● MONITORING REQUIREMENTS

- ▶ **Therapeutic response** The haemoglobin concentration should rise by about 100–200 mg/100 mL (1–2 g/litre) per day or 2 g/100 mL (20 g/litre) over 3–4 weeks. When the haemoglobin is in the normal range, treatment should be continued for a further 3 months to replenish the iron stores. Epithelial tissue changes such as atrophic glossitis and koilonychia are usually improved, but the response is often slow.

● PRESCRIBING AND DISPENSING INFORMATION

- ▶ **In children** Express the dose in terms of elemental iron and iron salt and select the most appropriate preparation; specify both the iron salt and formulation on the prescription. The iron content of artificial formula feeds should also be considered. The most common reason for lack of response in children is poor compliance; poor absorption is rare in children.

- **PATIENT AND CARER ADVICE** Although iron preparations are best absorbed on an empty stomach they can be taken after food to reduce gastro-intestinal side-effects. May discolour stools.

above

Ferric maltol

25-Jun-2019

● INDICATIONS AND DOSE

Iron-deficiency anaemia

- ▶ **BY MOUTH**
- ▶ **Adult:** 30 mg twice daily continued until iron stores are replenished; usual duration at least 12 weeks

- **CONTRA-INDICATIONS** Exacerbation of inflammatory bowel disease · haemochromatosis · inflammatory bowel disease with haemoglobin less than 9.5 g/dL · iron overload syndromes · repeated blood transfusions

- **INTERACTIONS** → Appendix 1: iron (oral)

● SIDE-EFFECTS

- ▶ **Common or very common** Flatulence