

South Central Priorities Committees
(Milton Keynes, Oxfordshire, Buckinghamshire and Berkshire East and
Berkshire West PCTs)

Policy Recommendation: 94

**Intravenous iron for iron deficiency
anaemia**

Date of issue:

February 2013

The South Central Priorities Committee (NHS Milton Keynes, along with the Oxfordshire & Buckinghamshire, and Berkshire PCTs) has considered the evidence for intravenous iron in the treatment of iron deficiency anaemia.

The Priorities Committee **RECOMMENDS** that NHS funding should be available for intravenous iron as a **SECOND-LINE** treatment for patients with symptomatic iron deficiency anaemia who are unresponsive to or intolerant of oral iron on the basis of moderate evidence that intravenous iron may produce a more rapid increase in haemoglobin levels in these patients. The Priorities Committee recommends using the preparation with the lowest overall acquisition and administration costs.

Iron deficiency anaemia is the most common form of anaemia. Iron deficiency anaemia is associated with symptoms including fatigue and shortness of breath and with increased morbidity and mortality. The first-line treatment for iron deficiency anaemia should be oral iron supplements which are safe and, in most cases, effective in increasing haemoglobin levels.

However, in some circumstances, oral iron may be poorly tolerated due to side effects, including nausea and gastrointestinal disturbances. Additionally the absorption of oral iron through the gut mucosa may be impaired in conditions of chronic inflammation or infection. In these patients who are intolerant of or unresponsive to oral iron, intravenous iron should be used on the basis that there is some evidence from published studies which suggests that intravenous iron increases haemoglobin levels more rapidly than oral iron, although it is not clear whether this difference is clinically important. Intravenous iron has been associated with anaphylaxis, but evidence suggests that rates are low (<1 per million).

The four preparations of intravenous iron currently in use in the UK (iron dextran, iron sucrose, iron isomaltoside and ferric carboxymaltose) are equally clinically effective.

Please note: this policy does not include renal patients.

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy recommendation will be reviewed in the light of new evidence or guidance from NICE.*
3. *South Central policy recommendations can be viewed at <http://www.sph.nhs.uk/ebc/policy-recommendations/mobbb-policies>*