

Intravenous Iron Infusion of Ferinject - Information for GPs:

Your patient has received a dose of Ferinject[®] (intravenous iron) in hospital.

Ferinject treatment results in an increase in serum ferritin levels and transferrin saturation levels to within normal ranges. Patients should hopefully notice an improvement to their iron deficiency anaemia symptoms over the next few weeks.

Patients may experience side effects after their iron infusion:

There is some risk of allergic reaction ranging from mild to severe, but this is rare (less than 1 in 100 (1%) of patients treated). Hypersensitivity reactions have also been reported after previously uneventful doses of iron infusions. Rare reactions have progressed to Kounis syndrome (acute allergic coronary arteriospasm that can result in myocardial infarction).

There is an increased hypersensitivity reaction risk for patients with known allergies including drug allergies & those with history of:

- severe asthma, eczema (or other atopic allergy)
- immune or inflammatory conditions (e.g. systemic lupus erythematosus, rheumatoid arthritis)

Patients will be asked to seek medical advice if they experience **worsening fatigue with myalgias or bone pain**. If patients present with these symptoms then seek advice from medicine information team – 01226 432857

There are some more common side effects that patients may experience (up to 1 in ten (10%) of patients treated) such as headache, dizziness, nausea and vomiting, rash, muscle cramps, diarrhoea, constipation, low or high blood pressure, flushing, abnormal liver function, low phosphate and injection site reactions.

Other rare side effects ($\geq 1/10,000$ to $< 1/1,000$ cases) have also been reported such as: bronchospasm, angioedema, Malaise, influenza like illness (onset may vary from a few hours to several days post infusion).

A rare complication of Ferinject[®] is permanent skin staining or discoloration, which can happen if some of the iron leaks outside the vein during the infusion.

Monitoring in primary care:

Blood test	When
Hb (FBC)	Every 3 months for the next year post infusion If Hb drops below 80g/L then to refer back to hospital IDA clinic for further infusions
Ferritin	Every 3 months with FBC Refer back to hospital IDA clinic for further iv iron if ferritin has fallen below 30ug/L
Phosphate	Only in those patients who receive long-term iv iron treatment or those with existing risk factors for hypophosphataemia. Examples for those at risk of hypophosphataemia include: poor nutritional status, vitamin D deficiency, those taking phosphate binders, hyperparathyroidism, renal tubular disorders, patients with leukaemias or lymphoma.

Certain patients may be advised by the IDA clinic to continue taking iron tablets following iv iron infusions – They will be asked NOT to take iron tablets or supplements for at least 5 days after the iron infusion.

Any queries or concerns regarding iron infusions, please contact BHFT Medicines Information: tel 01226 432857 or email medicine.information1@nhs.net

References:

Ferinject summary of product characteristics: [Ferinject \(ferric carboxymaltose\) - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) [accessed 3/5/21]

<https://www.guysandstthomas.nhs.uk/resources/patient-information/haematology/patient-blood-management-Ferinject-web.pdf> [accessed 3/5/21]