New Medicine Policy Recommendation

Ferric Maltol 30mg Capsules in Adults for the Treatment of Iron Deficiency Anaemia in Patients with Inflammatory Bowel Disease (Feraccru®) ▼

Recommendation: Black

Ferric maltol 30mg capsules (Feraccru®) are not recommended for the treatment of iron deficiency anaemia (IDA) in patients with inflammatory bowel disease (IBD) in the Lancashire health economy. Further studies assessing the efficacy, safety and cost-effectiveness of ferric maltol versus other iron formulations are required to demonstrate the position of ferric maltol in the treatment pathway of IDA in patients with IBD.

Please note a full new medicine review has not been carried out for the production of the above recommendation. A national body (SMC) has performed a full assessment of the evidence, safety and cost effectiveness of this medicine and this document has been used in the preparation of the local policy recommendation.

Summary of supporting evidence:

Evidence:

- The key evidence comes from two identical, double-blind, randomised, phase III studies, one in patients with ulcerative colitis (UC) (AEGIS 1) and one in patients with Crohn's disease (CD) (AEGIS 2).
- Patient were eligible to enter the studies if they:
  - ≥18 years of age
  - Had a confirmed diagnosis of UC or CD
  - Had mild to moderate iron deficiency anaemia as defined by serum haemoglobin (Hb) and ferritin
  - Had previous oral ferrous product treatment failure/intolerance
- Eligible patients were randomised equally to receive oral ferric maltol 30mg (n=64) or placebo (n=64) twice daily for 12 weeks. Study medication was taken on an empty stomach with water, first thing in the morning before breakfast and last thing at night.
- The primary outcome was the change in Hb concentration from baseline to week 12, expressed as a pooled analysis of both studies.
- There was a significantly greater improvement in mean (standard error) Hb with ferric maltol versus placebo: 2.25 (SD± 0.12) g/dL, p<0.0001.
- Normalisation of Hb (defined as ≥12g/dL for females and ≥13g/dL for males) was achieved in 66% ferric maltol group versus 13% placebo group: odds ratio 15.3 (95% CI: 5.9 to 39.3)
- There were no clinically significant changes from baseline to week 12 in the Inflammatory Bowel Disease Questionnaire score: from 175.6 to 179.7 in ferric maltol patients and from 171.0 to 176.0 in placebo patients.
- The long-term efficacy and safety of ferric maltol was assessed in 97 patients who completed AEGIS 1 and 2 and entered a 52 week open-label, extension study.
- At week 52, the mean change in Hb concentration from baseline was 3.07 (SD± 1.46) g/dL in patients originally randomised to ferric maltol (n=50) and 2.19 (SD± 1.61) g/dL in patients originally randomised to placebo who then switched to open-label ferric maltol (n=47). Hb normalisation was achieved by 89% and 83% of patients respectively at the end of the

extension.

Safety:

- Pooled analysis of the 12-week double-blind AEGIS 1 and 2 studies found adverse events in 58% (35/60) of ferric maltol patients and 72% (43/60) of placebo patients, most of which were of mild to moderate severity.
- Adverse events were considered to be treatment-related in 25% of ferric maltol patients (15/60) and 12% (7/60) of placebo patients, and led to treatment discontinuation in 13% (8/60) and 8.3% (5/60) of patients respectively.
- The most frequently reported adverse events were gastrointestinal, occurring in 38% (23/60) of ferric maltol and 40% (24/60) of placebo patients. These included abdominal pain (13% and 12%), diarrhoea (8.3% and 10%), constipation (8.3% and 1.7%) and nausea (0% and 1.7%).
- The most frequently reported treatment-related adverse events were abdominal pain (6.7% and 5.0%), constipation (6.7% and 1.7%) and flatulence (6.7% and 0%).
- By the end of the 52-week extension study, 80% of patients reported at least one adverse event and these were considered to be treatment-related in 24% of patients. Discontinuation due to adverse events occurred in a total of 20% of patients. One patient with UC withdrew from the study due to increased UC activity.

Guidance:

- The European Crohn's and Colitis Organisation (ECCO) consensus on the diagnosis and management of iron deficiency in 2015 recommends iron supplementation in all IBD patients when IDA is present with a goal of normalising Hb and iron stores.
- The ECCO recommends IV iron should be considered as first line treatment in patients with clinically active IBD with previous intolerance to oral iron, with Hb <10g/dL and in patients who need erythropoiesis-stimulating agents.
- The Summary of Product Characteristics for ferric maltol 30mg capsules states that it should not be used in patients with IBD flare or in IBD-patients with haemoglobin (Hb) <9.5 g/dL.
- No studies have compared the efficacy and safety of ferric maltol with oral iron or IV iron preparations and no indirect comparisons have been performed.
- Using oral ferric maltol will remove the need for patients to attend Day Treatment Centres for IV iron infusion(s).

Cost:

- Feraccru® is currently the only oral iron preparation specifically licenced for the treatment of IDA in patients with inflammatory bowel disease. The current cost for a pack of Feraccru® is £48*. Comparative costs to cover the recommended minimum 12 week course are summarised in the table below. N.B. Prices do not take into account longer durations of treatment

Drug	**Dose Regimen**	**Cost for 12 weeks (£)**
Ferric maltol 30mg capsules (Feraccru®)	**30mg orally twice daily**	**143**
Other oral iron preparations	Variable	5-35
Iron isomaltoside (Monofer®)	Dose based on bodyweight and Hb concentration	170-254
Ferric carboxymaltose (Ferrinject®)	As above	154-235
Iron sucrose (Venofer®)	As above	102-131
Iron dextran (Cosmofer®)	As above	80-120

*Prices taken from MIMS online (March 2017).

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