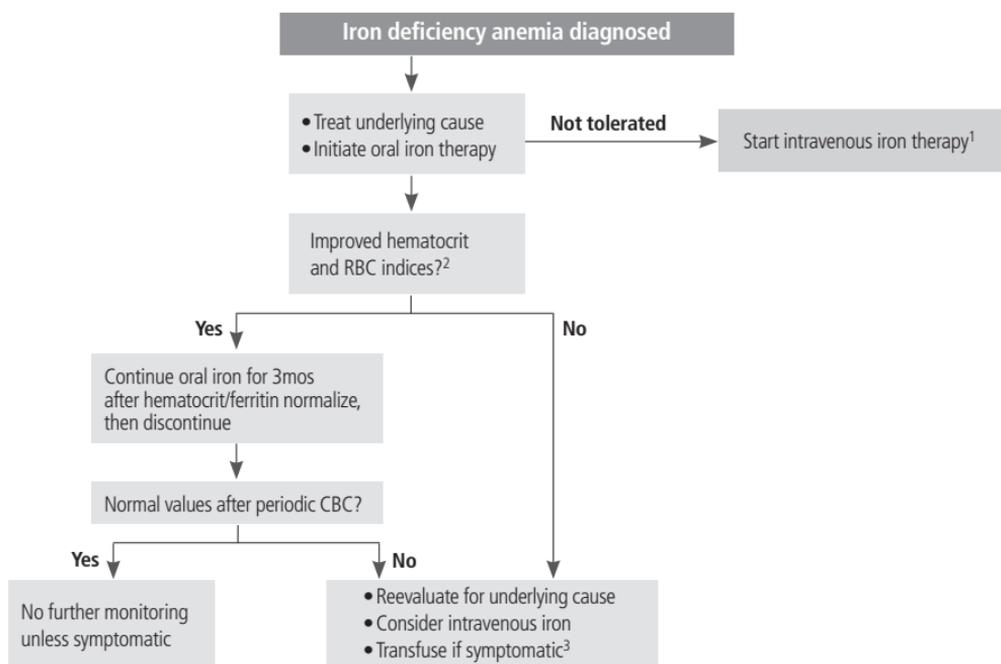


IRON DEFICIENCY ANEMIA TREATMENTS

Iron deficiency accounts for approximately one-half of anemia cases. Causes of iron deficiency anemia (IDA) can include inadequate iron intake, decreased iron absorption, increased iron demand, and increased iron loss. Treatment can be initiated with oral iron therapy to replenish iron stores. For patients unable to tolerate or absorb oral preparations, parenteral therapy may be used.



IRON THERAPY (Part 1 of 2)

Generic	Brand	Strength	Form	Elemental iron	Dose
ORAL					
carbonyl iron	Feosol	OTC: 45mg	caplets	45mg	Adults: 1 caplet once daily. Children: <12yrs: Consult physician.
carbonyl iron + ferrous gluconate	Ferralet 90 ^{4,5,8}	Rx: 90mg	tabs	90mg	Adult: Take 2hrs after meals. 1 tab once daily. Children: Not established.
ferrous asparto glycinate (Sumalate)	Feriva 21/7 ^{4,13}	Rx: 75mg	tabs	75mg	Adults: 1 tab once daily for 28 days; repeat as needed. Children: Not established.
ferrous asparto glycinate (Sumalate) + ferrous bisglycinate chelate (Ferrochel) + ferrous fumarate	Feriva FA ^{4,10,14}	Rx: 110mg	gel caps	110mg	Adults: 1 cap once daily. Children: <12yrs: Not recommended.
ferrous fumarate	Ferretts ⁵	OTC: 325mg	tabs	106mg	Adults: 1 tab once daily. Children: Not recommended.
	Ferro-Sequels ⁵	OTC: 160mg	timed-rel caplets	50mg	Adults: 1 caplet once daily or as needed. Children: Not recommended.
ferrous gluconate	—	OTC: 324mg	tabs	38mg	Adults: 1 tab 3–4 times daily. Children: Not recommended.
	Fergon	OTC: 240mg	tabs	27mg	Adults: 1 tab once daily. Children: Not recommended.
ferrous sulfate	—	OTC: 325mg	tabs	65mg	Adults: May mix elixir with water or fruit juice. 1 tab or 5mL once daily. Children: <12yrs: Consult physician.
	—	220mg/5mL	elixir	44mg/5mL	
	Feosol	OTC: 325mg	tabs	65mg	Adults: Not recommended. Children: ≥4yrs: Not recommended. May give directly into the mouth or mix with formula, fruit juice, cereal or other foods. <4yrs: 1mL once daily.
	Fer-In-Sol ^{6,9}	OTC: 75mg/mL	drops	15mg/mL	
	Slow Fe	OTC: 142mg	sust-rel tabs	45mg	Adults: 1 tab once daily. Children: Not recommended.
polysaccharide iron complex + heme iron polypeptide (as Proferrin)	Bifera ⁶	OTC: 22mg + 6mg	caplets	28mg	Adults: 1 caplet once daily. Children: <12yrs: Consult physician.

(continued)

IRON THERAPY (Part 2 of 2)

Generic	Brand	Strength	Form	Elemental iron	Dose
INJECTABLE					
ferric carboxymaltose	Injectafer	Ⓡ 750mg/15mL	soln for IV push or infusion	50mg/mL	Adults: Give by slow IV push (undiluted) at rate of approx. 100mg/min; or by IV infusion (diluted) over ≥15mins. Give in 2 doses separated by ≥7 days. <50kg: 15mg/kg/dose. ≥50kg: 750mg/dose. Total cumulative dose per course: max 1500mg. May repeat treatment if condition reoccurs. Children: Not established.
ferumoxytol	Feraheme ¹¹	Ⓡ 510mg/17mL	soln for IV infusion	30mg/mL	Adults: Infuse over ≥15mins. Initially 510mg, followed by a second 510mg 3–8 days later. May repeat treatment if condition persists or reoccurs. Children: <18yrs: Not established.
iron dextran ⁷	Infed	Ⓡ 100mg/2mL	soln for IV or IM inj	50mg/mL	Adults and Children: <4mos: Not recommended. Give 0.5mL test dose first; if no anaphylactic-type reactions, may give full therapeutic dose. ≥4mos: <i>IDA:</i> determine total dose based on hemoglobin and body weight (see full labeling). <i>Iron replacement for blood loss:</i> Replacement iron (mg) = blood loss (mL) x hematocrit. Max daily doses: <5kg: 0.5mL (25mg), <10kg: 1mL (50mg), ≥10kg: 2mL (100mg).
iron sucrose	Venofer	Ⓡ 20mg/mL	soln for IV push or infusion	20mg/mL	Adults: Give by slow IV push (undiluted) or infusion (diluted). Usual total cumulative dose: 1000mg. <i>HDD:</i> 100mg slow IV push over 2–5mins or infuse 100mg over ≥15mins per consecutive session. <i>NDD:</i> 200mg slow IV push over 2–5mins or infuse 200mg over ≥15mins on 5 different occasions within a 14-day period. <i>PDD:</i> two infusions of 300mg over 1.5hrs 14 days apart, then one 400mg infusion over 2.5hrs 14 days later. Children: <2yrs or for iron replacement: Not established. ≥2yrs: <i>Iron maintenance:</i> give undiluted by slow IV push over 5mins or diluted at a concentration of 1–2mg/mL over 5–60mins. <i>HDD:</i> 0.5mg/kg (max 100mg/dose) every 2wks for 12wks. <i>NDD or PDD:</i> 0.5mg/kg (max 100mg/dose) every 4wks for 12wks. May repeat treatment if needed.
sodium ferric gluconate complex in sucrose	Ferlecit ¹²	Ⓡ 62.5mg/5mL	soln for IV push or infusion	12.5mg/mL	Adults: Give by IV infusion (diluted) or slow IV push (undiluted). 125mg infused over 1hr or by slow IV push (up to 12.5mg/min). Minimum cumulative dose: 1g given over 8 sequential dialysis sessions; usual max: 125mg/dose. Children: <6yrs: Not recommended. Give by IV infusion (diluted) over 1hr. ≥6yrs: 1.5mg/kg per dose at 8 sequential dialysis sessions; max: 125mg/dose.

NOTES

Key: CBC = complete blood count; HDD = hemodialysis dependent; IDA = iron deficiency anemia; NDD = non-dialysis dependent; PDD = peritoneal dialysis dependent; RBC = red blood cell

¹ Indications for intravenous iron include intolerable GI effects, worsening symptoms of inflammatory bowel disease, unresolved bleeding, renal failure–induced anemia treated with erythropoietin, and insufficient absorption (eg, celiac disease, gastrectomy, gastrojejunostomy, bariatric surgery, or other small bowel surgeries).

² Perform monthly CBC

³ Transfuse with 2 units packed RBCs, then perform clinical assessment to guide further treatment. Transfusion is recommended in pregnant women with hemoglobin <6g/dL.

⁴ Contains Vit. C, Vit. B12, folic acid

⁵ Contains docusate sodium

⁶ Gluten-free

⁷ Higher incidence of life-threatening anaphylaxis

⁸ Contains tartrazine

⁹ Contains sulfites, alcohol

¹⁰ Contains biotin

¹¹ Contains mannitol

¹² Contains benzyl alcohol

¹³ Contains zinc, succinic acid, inert tabs

¹⁴ Contains copper

Not an inclusive list of medications and/or official indications. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

REFERENCE

Short MW, Domagalski JE. Iron Deficiency Anemia: Evaluation and Management. *Am Fam Physician.* 2013;87(2):98-104.