AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs

Decision Making Support Tool

The following document supports the committee to consider formulary applications against defined criteria.

Formulary application reference:		APCBSSE/0065
Drug name and formulations:		Feraccru® 30mg hard capsules (ferric maltol)
Criteria	***Example***	**Committee Consensus**
Patient Safety	*Potential for abuse, toxicity, significant drug interactions*	Better tolerated than ferrous sulfate. Side effect profile is comparable to placebo. Black triangle drug so additional monitoring is required and all suspected adverse effects need to be reported to MHRA.
Clinical effectiveness	*Established licensed product*	RCT evidence of effectiveness and licensed product on basis of a phase III trial.
Strength of evidence		Reasonable for cohort of patient identified: IBD patients with mild-moderate anaemia.
Cost effectiveness or resource impact	*£*	More expensive than other oral iron formulations but cost neutral compared to intravenous (IV) iron. Would avoid associated NHS costs with IV iron.
Place of therapy relative to available treatments	*1/2nd tier*	As per presented algorithm
National guidance and priorities	*NICE, MTRAC*	European guidance for treating iron deficiency anaemia in IBD patients, referenced within the application.
Local health priorities	*CCG views*	CCGs unsure of benefit in involving primary care for a 3 month treatment course with no monitoring required to establish treatment effectiveness. Also concerned about creep.
Equity of access	*Equality assessment*	Contains gelatin and may therefore prevent access for certain ethnic groups.
Stakeholder views	*Define wider groups to be engaged*	N/A
Implementation requirements	*Requires, RICAD ESCA etc.*	Some documentation would be needed, but an ESCA is not appropriate for this agent. A RICaD would be more useful.

Decision Summary

Resubmission is recommended to complete the information to enable a decision:	
Not approved and rationale:	
Formulary status (RAG) and rationale	Amber with RICaD. Rationale: The committee agrees that this treatment option is required for the cohort of patients identified within the application (IBD patients with mild-moderate anaemia, unable to tolerate other oral iron formulations) and that it should be initiated in Secondary Care. The debate is whether the specialist prescribes the full 3-month course (this would require a reimbursement process to be agreed and set up) or whether the specialist provides the first month and GP prescribes the remaining 2 months. It was agreed to default to AMBER with RICaD.
Implementation requirements:	
Implementation monitoring:	