Strengthened recommendations regarding the risk of serious hypersensitivity reactions with intravenous iron products

Dear healthcare professional,

Important information regarding intravenous (IV) iron products has arisen from a European review of their benefits versus risks following concerns about the risk of serious hypersensitivity reactions.

Summary

All IV iron products can cause serious hypersensitivity reactions which can be fatal. These may occur even when a previous administration has been tolerated (including a negative test dose, see below). The benefits of all IV iron products continue to outweigh the risks based on the current available data provided that the following recommendations are followed:

- IV iron products should not be used in patients with hypersensitivity to the active substance, the product itself, or any of its excipients; and in patients with serious hypersensitivity to other parenteral iron products.
- The risk of hypersensitivity is increased in patients with known allergies (including drug allergies) and in patients with immune or inflammatory conditions (e.g. systemic lupus erythematosus, rheumatoid arthritis) as well as in patients with a history of severe asthma, eczema or other atopic allergy. In these patients, IV iron products should only be used if the benefit is clearly judged to outweigh the potential risk.
- To minimise risks, IV iron products should be administered in accordance with the posology and method of administration described in the product information for each individual product.
- IV iron products should only be administered when staff trained to evaluate and manage anaphylactic/anaphylactoid reactions as well as resuscitation facilities are immediately available.
- All prescribers should inform patients of the risk of hypersensitivity before each administration. Patients should be informed of the relevant symptoms and asked to seek urgent medical attention if a reaction occurs.
- Patients should be closely monitored for signs of hypersensitivity during and for at least 30 minutes after each administration of an IV iron product.
- IV iron products should not be used during pregnancy unless clearly necessary. Treatment should be confined to 2nd or 3rd trimester, if the benefit is clearly judged to outweigh the potential risks for both the mother and the foetus. The risks to the foetus can be serious and include foetal anoxia and distress.

This letter is sent in agreement with the European Medicines Agency and the Medicines and Healthcare Products Regulatory Agency.
Further information

IV iron products are indicated in iron-deficiency situations when the oral route is insufficient or poorly tolerated. The diagnosis must be based on appropriate laboratory tests.

The safety concern

A European review was initiated due to safety concerns regarding the risk of serious hypersensitivity reactions, including when used during pregnancy. All IV iron products can cause serious hypersensitivity reactions, these may occur even when a previous administration has been tolerated (including a negative test dose). Fatal outcomes have been observed.

Product information about the risk of hypersensitivity reactions has been reviewed and strengthened, and is now consistent for all IV iron products. Changes to the product information specific to hypersensitivity reactions are highlighted in the annex of this letter. These measures are intended to heighten awareness of the risk of serious hypersensitivity reactions with IV iron products, minimise this risk where possible and to ensure that patients are appropriately informed.

Please note that prescribing and safety information differs between IV iron products and individual summaries of product characteristics (SmPC) should be consulted before and during use as appropriate.

Precautions for use in pregnancy

There are no adequate and well-controlled trials in pregnant women. Studies in animals have shown reproductive toxicity.

Iron-deficiency anaemia occurring in the first trimester of pregnancy can usually be treated with oral iron (intravenous iron should not be used). The benefits of using IV iron products should be carefully weighed against the risks later in pregnancy. Anaphylactic/anaphylactoid reactions occurring with IV iron products may have consequences for both the mother and the foetus (e.g. foetal anoxia, distress, death).

The test dose

Previously an initial test dose has been recommended for some IV iron products before administration of the first dose to a new patient. However, no accurate data are available to clearly support a protective effect of a test dose. The test dose may lead to false reassurance as allergic reactions may occur even in patients that had a negative test dose. Consequently an initial test dose before administering the first dose of an IV iron product to a new patient is no longer recommended and is replaced with the risk minimisation recommendations outlined in this letter. Caution is warranted with every dose of IV iron product that is given, even if previous administrations have been well tolerated. IV iron products should be administered in accordance with the product specific posology and method of administration described in the product information for each individual product. In case of a hypersensitivity reaction, healthcare professionals are advised to immediately discontinue treatment and consider appropriate medical therapy. Please note that the advice for administration of a product remains otherwise unchanged

For more details of the updated information to be included in the product information for all of the IV Iron products see relevant attached sections of the SmPC
Call for reporting

Please report suspected adverse reactions with any medicine or vaccine to the MHRA through the Yellow Card Scheme online at www.mhra.gov.uk/yellowcard
Alternatively, prepaid Yellow Cards for reporting are available:
- upon request by mail: "FREEPOST YELLOW CARD"
- at the back of the British National Formulary (BNF)
- by telephoning the Commission on Human Medicines (CHM) free phone line: 0800-731-6789
- Or by electronic download through the Yellow Card section of the MHRA website

When reporting please ensure to include the name of the specific product administered.

Company contact point

Should you have any questions regarding the use of Cosmofer, Monofer or Diafer, please contact Pharmacosmos UK Ltd Medical Information + 44 (0)1844 269 007 or via email at info@pharmacosmos.co.uk

Should you have any questions regarding the use of Ferinject or Venofer, please contact Vifor Pharma UK Ltd Medical Information + 44 (0)1276853633 or via email at medicalinfo_uk@viforpharma.com

Should you have any questions regarding the use of Ferrologic, please contact Fresenius Medical Care (UK) Ltd Medical Information + 44 (0844) 502 7200 or via email at medinfo-uk@fmc-ag.com

Yours sincerely,

Dr Urmi Bapat
Head of Medical Affairs
Pharmacosmos UK Ltd

Dr B R Jackson
Medical Director
Vifor Pharma UK Ltd

Mr E.A.Newsham
Director of Regulatory Affairs
Fresenius Medical Care (UK) Ltd
CLARIFICATIONS AND ADDITIONS TO THE CONTENT OF THE SUMMARY OF PRODUCT CHARACTERISTICS FOR ALL IV IRON PRODUCTS

The individual SmPCs for all IV iron products have been strengthened with regards to the risk of serious hypersensitivity reactions. The following text outlines the updates, clarifications, and additions to the SmPC only. This is not a full SmPC.

This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

4.2 Posology and method of administration

Monitor carefully patients for signs and symptoms of hypersensitivity reactions during and following each administration of {invented name}.

{Invented name} should only be administered when staff trained to evaluate and manage anaphylactic reactions is immediately available, in an environment where full resuscitation facilities can be assured. The patient should be observed for adverse effects for at least 30 minutes following each {invented name} injection (see section 4.4).

[All references to the recommendation for an initial test dose before the administration of the first dose to a new patient will be removed in section 4.2 and in any other sections of the SmPC where applicable. The current information on subsequent doses/administration of the product, including for example slower initial rate of administration, will remain unchanged]

4.3 Contraindications

- Hypersensitivity to the active substance, to {invented name} or any of its excipients listed in section 6.1.
- Known serious hypersensitivity to other parenteral iron products.

4.4 Special warnings and precautions for use

Parenterally administered iron preparations can cause hypersensitivity reactions including serious and potentially fatal anaphylactic/anaphylactoid reactions. Hypersensitivity reactions have also been reported after previously uneventful doses of parenteral iron complexes.

The risk is enhanced for patients with known allergies including drug allergies, including patients with a history of severe asthma, eczema or other atopic allergy. There is also an increased risk of hypersensitivity reactions to parenteral iron complexes in patients with immune or inflammatory conditions (e.g. systemic lupus erythematosus, rheumatoid arthritis).
{Invented name} should only be administered when staff trained to evaluate and manage anaphylactic reactions is immediately available, in an environment where full resuscitation facilities can be assured. Each patient should be observed for adverse effects for at least 30 minutes following each {invented name} injection. If hypersensitivity reactions or signs of intolerance occur during administration, the treatment must be stopped immediately. Facilities for cardio respiratory resuscitation and equipment for handling acute anaphylactic/anaphylactoid reactions should be available, including an injectable 1:1000 adrenaline solution. Additional treatment with antihistamines and/or corticosteroids should be given as appropriate.

[...]

4.6 Fertility, pregnancy and lactation

[...]

There are no adequate and well-controlled trials of {invented name} in pregnant women. A careful risk/benefit evaluation is therefore required before use during pregnancy and {invented name} should not be used during pregnancy unless clearly necessary (see section 4.4).

Iron deficiency anaemia occurring in the first trimester of pregnancy can in many cases be treated with oral iron. Treatment with {invented name} should be confined to second and third trimester if the benefit is judged to outweigh the potential risk for both the mother and the foetus.

[...]

4.8 Undesirable effects

[...]

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions {via the national reporting system listed in Appendix V*}. 

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