



# STUDY ON THE USE OF FERRIC CARBOXYMALTOSE ACCORDING TO THE PHARMACOTHERAPEUTIC PROTOCOL IN A TERTIARY CARE HOSPITAL



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## BACKGROUND AND IMPORTANCE

Evaluate the adequacy of ferric carboxymaltose prescriptions in relation to the actual analytical requirements of each patient. According to the technical data sheet (TDS), ferric carboxymaltose (Fe) is indicated for the treatment of iron deficiency when rapid administration is necessary, or when the oral route cannot be used or has proven ineffective.

## OBJECTIVE

To evaluate ferric carboxymaltose (FC) prescriptions made by different clinical services in a tertiary care hospital, according to compliance with the pharmacotherapeutic protocol approved by the hospital's Pharmacy and Therapeutics Committee.

## MATERIAL AND METHODS

### Retrospective Observational Study

January –December 2024

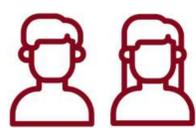


All FC prescriptions requested through a dynamic form in the Farmatools® software were evaluated daily to validate their appropriateness according to the established protocol.

### Variables collected

- Sex  or 
- Requesting department 
- Prior oral treatment 

### Inclusion criteria:



Anemic scheduled patients for major potentially surgery bleeding



Hb  $\leq 13$  g/dl

IST  $\leq 20\%$

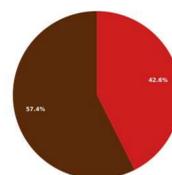
previous oral iron treatment and/or need for a rapid response

- Hemoglobina levels before and after administration 
- IST 
- Request status: approved  or rejected 
- Reason for rejection 

## RESULTS

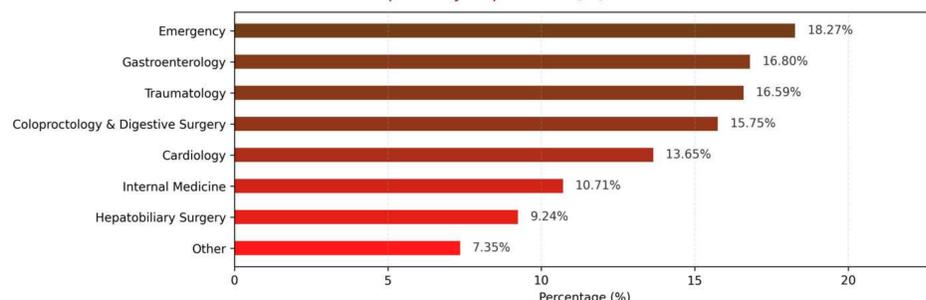
476 requests: Approved = 88,65% (422) and Rejected: 11,35% (54)  
Prior oral iron: 18,48%  
Mean baseline Hb: 8,61g/dl  
Mean baseline  $\Delta$ Hb post-administration: +3,31g/dl  
Rejected reason: IST>20% (81,20%) No prior oral iron (18,80%)

Sex Distribution (%)



Woman represented a higher proportion of request than men. This may reflect the underlying prevalence of iron deficiency/anemia in the referral population.

Requests by Department (%) — Brown→Red Gradient



Departments: Most request originated from Emergency, Gastroenterology and Traumatology. Surgical units (Coloproctology & Digestive Surgery and Hepatology Surgery) also contributed a substantial share.

## CONCLUSION

Parenteral administration of FC offers better tolerability compared to oral administration, although it is not free from adverse effects. This study shows that pharmaceutical intervention prevented the inappropriate use of FC in patients who were not candidates for administration due to analytical values and/or lack of prior oral iron treatment. Therefore, pharmaceutical intervention is key to ensuring that patients receive medication appropriate to their clinical and analytical needs.

