

**Frequently
Asked
Questions (FAQ)
on
Intravenous Ferric
Carboxymaltose (IV-FCM)**





What is IV-FCM?

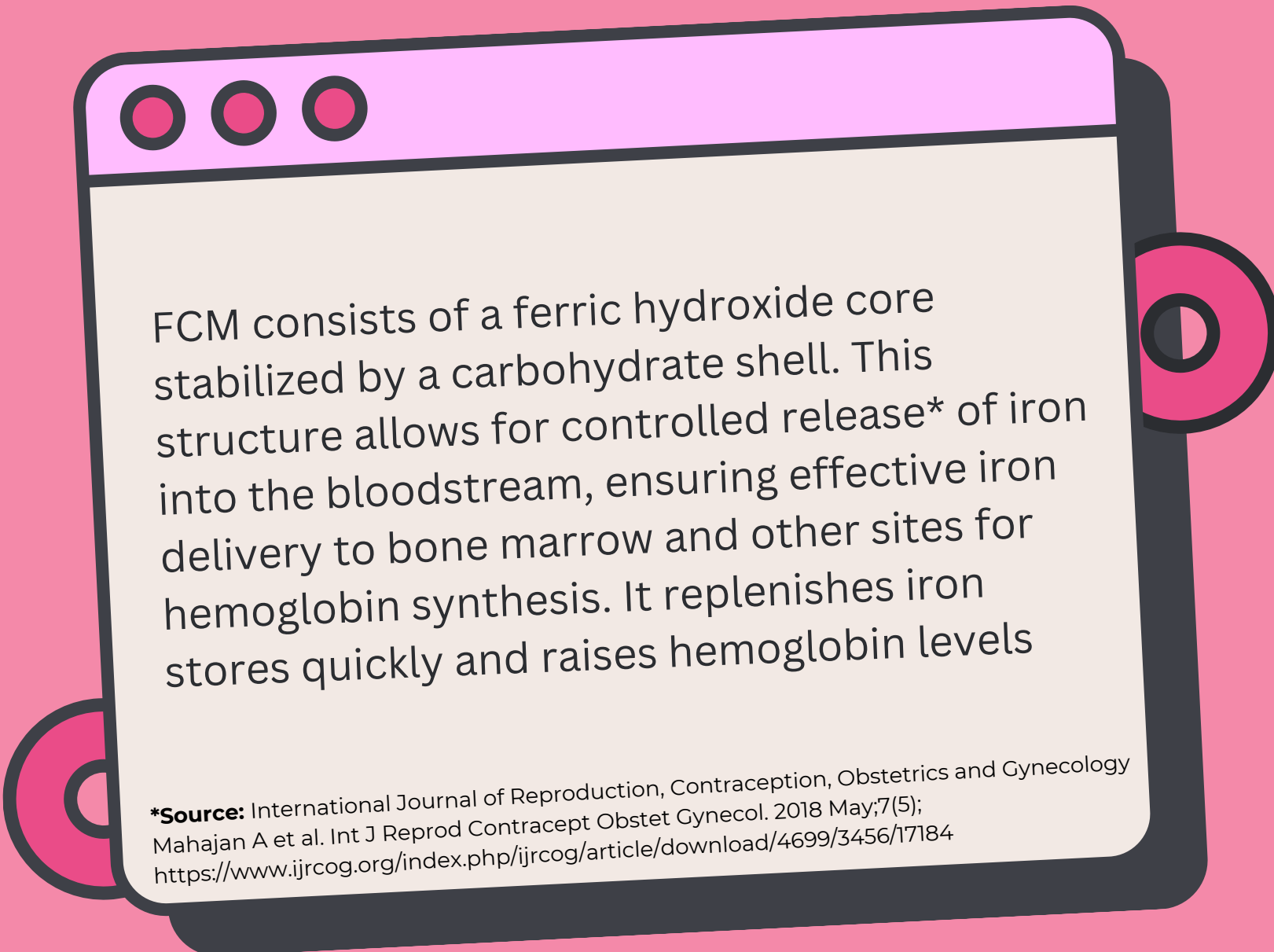


Ferric Carboxymaltose (FCM) is an intravenous iron formulation used to treat iron deficiency anemia (IDA), particularly in cases where oral iron therapy has failed, is not tolerated, or is unsuitable due to the severity of the anemia. It is a dextran-free preparation, which reduces the risk of hypersensitivity reactions commonly associated with older IV iron formulations like iron dextran.*



***Source:** Ministry of Health and Family Welfare. Anaemia Mukht Bharat Intensified National Iron Plus Initiative (I-Nipi) Operational Guidelines. New Delhi: Ministry of Health and Family Welfare; 2018. <https://www.fitterfly.com/site/pdf/anemia-mukt-bharat.pdf>





FCM consists of a ferric hydroxide core stabilized by a carbohydrate shell. This structure allows for controlled release* of iron into the bloodstream, ensuring effective iron delivery to bone marrow and other sites for hemoglobin synthesis. It replenishes iron stores quickly and raises hemoglobin levels

***Source:** International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Mahajan A et al. Int J Reprod Contracept Obstet Gynecol. 2018 May;7(5);
<https://www.ijrcog.org/index.php/ijrcog/article/download/4699/3456/17184>

How does FCM work?


When is FCM recommended?




FCM is recommended for:

- **Pregnant women:** From the second trimester* onward, especially in moderate-to-severe anemia (Hb 5-9.9 g/dL).
- **Postpartum anemia:** To rapidly restore hemoglobin and iron levels.
- **Iron deficiency due to chronic diseases:** Such as chronic kidney disease or inflammatory bowel disease.
- **Patients with intolerance to oral iron supplements** or low compliance with oral regimens

***Source:** Ministry of Health and Family Welfare. (2024). Guidance note on the use of intravenous iron among pregnant women. <https://path.box.com/shared/static/d1o0yj5fzom6f6uiok26kkdu14pb8lb8.pdf>



Benefits of FCM compared to other treatments?



- **Rapid Action:** Corrects hemoglobin levels within 2-4 weeks.
 - **High Dosage Tolerance*:** Up to 1,000 mg of iron can be administered in a single infusion, reducing the number of hospital visits.
 - **Improved Safety Profile:** Lower risk of hypersensitivity reactions compared to iron dextran.
 - **Better Patient Compliance*:** Requires fewer infusions compared to iron sucrose
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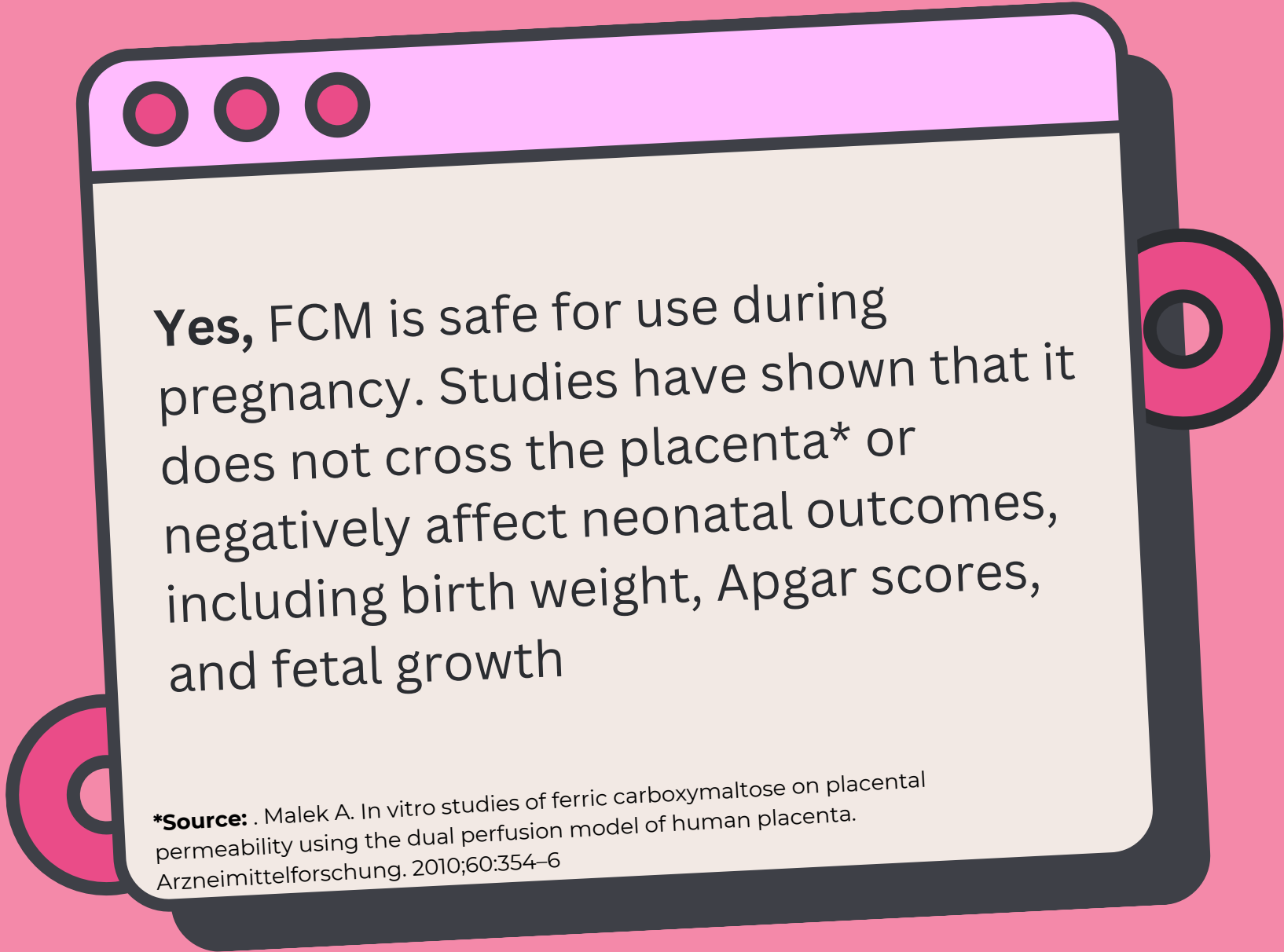
***Source:** Mahapatra PC, Gupte S, Malhotra N, et al. Ferric Carboxymaltose for the Treatment of Anemia during Antenatal and Postpartum Period: Expert Opinion. J South Asian Feder Obst Gynae 2022;14(3):292-301.; <https://www.jsafog.com/doi/10.5005/jp-journals-10006-2026>





How does FCM compare to iron sucrose and oral iron?

- **FCM vs. Iron Sucrose:** FCM allows for larger single doses (up to 1,000 mg) compared to iron sucrose (200-300 mg), reducing the need for multiple infusions.
 - **FCM vs. Oral Iron:** FCM bypasses gastrointestinal absorption, making it more effective for patients with absorption issues or severe anemia. It also has fewer gastrointestinal side effects
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Yes, FCM is safe for use during pregnancy. Studies have shown that it does not cross the placenta* or negatively affect neonatal outcomes, including birth weight, Apgar scores, and fetal growth

***Source:** . Malek A. In vitro studies of ferric carboxymaltose on placental permeability using the dual perfusion model of human placenta. *Arzneimittelforschung*. 2010;60:354–6

Is FCM safe during pregnancy work?

Are there any contraindications for FCM?

- FCM should **not be used** in patients with:
- Evidence of iron overload (e.g., serum ferritin $>150 \mu\text{g/L}$).
 - Known hypersensitivity to FCM or its excipients.
 - Non-iron deficiency anemia (e.g., thalassemia, sickle cell anemia).
 - Severe liver or renal dysfunction

What follow-up is required after FCM infusion?

- Check hemoglobin levels **4 weeks post-infusion.**
- **Investigate other causes** of anaemia if hemoglobin levels do not increase by at least 1 g/dL.
- Iron folic acid tablets may not be necessary for **3 months after a full dose of IV FCM.**

About Project ADHUNA

Project ADHUNA - **A**dvancing **D**elivery of (Quality) **H**ealthcare through **U**pgraded **N**ewborn (and Intrapartum Care) **A**pproaches - led by FOGSI, is an initiative to enhance maternal and child health outcomes, with a specific focus on intrapartum care. It engages private healthcare providers to adopt good practices and innovations, strengthening clinical care and advocating for women's health.

The project aims to:

- Strengthen clinical practices for improved intrapartum and newborn care.
- Scale up innovations and evidence-based practices in maternal and newborn health across selected districts.
- Strengthen the capacity and role of FOGSI and its members at national, state, and city levels.

To know more, visit the Project ADHUNA website [here](#)

