Iron as Ferric Carboxymaltose (Ferinject®)

<table>
<tr><td>Form:</td><td>1000mg in 20ml vial (50mg/ml)</td></tr>
<tr><td>Reconstitution:</td><td>Already in solution</td></tr>
<tr><td>Administration Method:</td><td>
<u>IV Infusion - Preferred</u>
Suggested dilution for intravenous infusion.
<table>
<tr><th>Volume of Ferinject® required</th><th>Equivalent Iron dose</th><th>Maximum amount of sterile sodium chloride 0.9%</th><th>Minimum administration time</th></tr>
<tr><td>2-4ml</td><td>100-200mg</td><td>50ml</td><td>No minimum time</td></tr>
<tr><td>>4-10ml</td><td>>200-500mg</td><td>100ml</td><td>6 minutes</td></tr>
<tr><td>>10-20ml</td><td>>500-1000mg</td><td>250ml</td><td>15 minutes</td></tr>
</table>
<u>IV Injection</u>
May be administered by iv injection using undiluted solution.
<table>
<tr><th>Volume of Ferinject® required</th><th>Equivalent Iron dose</th><th>Administration rate/Minimum administration time</th></tr>
<tr><td>2-4ml</td><td>100-200mg</td><td>No minimum time</td></tr>
<tr><td>>4-10ml</td><td>>200-500mg</td><td>100mg iron/minute</td></tr>
<tr><td>>10-20ml</td><td>>500-1000mg</td><td>15 minutes</td></tr>
</table>
</td></tr>
<tr><td>Extravastation:</td><td>Extravasation at the injection site may lead to irritation of the skin and potentially long lasting brown discolouration. In case of extravasation, the administration of ferric carboxymaltose must be stopped immediately.</td></tr>
<tr><td>Compatibility & Stability:</td><td>Sodium Chloride 0.9% ONLY</td></tr>
<tr><td>Special Notes:</td><td>

Patient should be observed for adverse effects for at least 30 minutes following each infusion.
Maximum dose for single administration is 1000mg (dose should not exceed 20mg/kg body weight).
A test dose prior to administration is no longer recommended for any IV iron products. Instead, caution is warranted with every dose of IV iron that is given, even if previous administrations have been well tolerated.
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, 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). Facilities for cardio respiratory resuscitation and equipment for handling acute anaphylactic/anaphylactoid reactions should be available.

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This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542