Iron as Ferric Carboxymaltose (Ferinject®)

Ferinject® dosing is weight based; ensure accuracy of documented weight before administration

CAUTION: High Administration Risk Rating

Form	1000mg in 20ml vial (50mg/ml)
Reconstitution	Already in solution
Compatibility & Stability	Sodium Chloride 0.9% **ONLY**
Administration	**IV Infusion - Preferred** • Administer via a largest possible suitable vein using a small gauge cannula, e.g. 24G (or 22G if 24G unavailable) **and monitor the injection site closely.** Suggested dilution for intravenous infusion. **Volume of Ferinject® required** / **Equivalent Iron dose** / **Max volume of sterile sodium chloride 0.9%** / **Minimum administration time** 2-4ml / 100-200mg / 50ml / No minimum time >4-10ml / >200-500mg / 100ml / 6 minutes >10-20ml / >500-1000mg / 250ml / 15 minutes **IV Injection – choose a large vein** May be administered by iv injection using undiluted solution. **Volume of Ferinject® required** / **Equivalent Iron dose** / **Administration rate/Minimum administration time** 2-4ml / 100-200mg / No minimum time >4-10ml / >200-500mg / 100mg iron/minute >10-20ml / >500-1000mg / 15 minutes
Monitoring	Patient should be observed for adverse effects for at least 30 minutes following each administration.
Adverse Drug Reactions	**Hypersensitivity Reactions** Parenterally administered iron preparations can cause hypersensitivity reactions including serious and potentially fatal anaphylactic/anaphylactoid reactions; cardio respiratory resuscitation facilities and equipment should be available. Hypersensitivity reactions have also been reported after previously uneventful doses of parenteral iron complexes. If hypersensitivity reactions or signs of intolerance occur the treatment must be stopped immediately. The risk is enhanced for patients with: • known allergies including drug allergies, patients with a history of severe asthma, eczema or other atopic allergy. • immune or inflammatory conditions (e.g. systemic lupus erythematosus, rheumatoid arthritis). **Hypophosphataemic Ostomalacia** Symptomatic hypophosphataemia leading to osteomalacia and fractures requiring clinical intervention including surgery has been reported in the post marketing setting. Patients should be asked to seek medical advice if they experience worsening fatigue with myalgias or bone pain. Serum phosphate should be monitored in patients who receive multiple administrations at higher doses or long-term treatment, and those with existing risk factors for hypophosphaemia.

Extravasation	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.
Additional Information	Maximum dose for single administration is 1000mg (dose should not exceed 20mg/kg body weight for administration by intravenous infusion and dose should not exceed 15mg/kg body weight for administration by intravenous injection). Maximum cumulative dose is 1000mg per week. Use IBW if patient is overweight.

Information provided relates to Ferinject® manufactured by Vifor.