Iron as Ferric derisomaltose (Monover®)

Potential SALAD Check which Iron preparation is prescribed	
Monover® dosing is weight based; ensure accuracy of documented weight before administration	
CAUTION: High Administration Risk Rating **See safety alert** Risk of permanent skin staining due to extravasation of intravenous iron infusions	
Form	100mg in 1mL solution for injection/infusion
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.** • Add required dose to 100mL to 500mL sodium chloride 0.9%. Do not dilute to a concentration less than 1mg iron in 1mL and do not dilute in more than 500mL • Give doses up to 1g over at least 15 minutes. • Give doses exceeding 1g over at least 30 minutes. • Max single dose 20mg/kg by IV infusion **IV Injection – choose a large vein** • Give undiluted or dilute in a maximum of 20mL sodium chloride 0.9% • For doses up to 500mg: Give slowly at a maximum rate of 250mg/minute (risk of hypotensive episodes if given too rapidly). Give diluted or undiluted. • Max dose 500mg by IV bolus
Monitoring	Patient should be observed for adverse effects for at least 30 minutes following **each** administration. Monitor BP; Hypotensive episodes may occur if intravenous injection is administered too rapidly.
Adverse Drug 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). Parenteral iron should be used with caution in case of acute or chronic infection. Monover should not be used in patients with ongoing bacteraemia.
Extravasation	The undiluted solution has a high osmolarity and may cause venous irritation and tissue damage in cases of extravasation. If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely. Re-site cannula at first signs of inflammation. 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 iron must be stopped immediately.

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

Additional Information	The total dose per week should not exceed 20 mg iron/kg bodyweight. A single Monover infusion should not exceed 20 mg iron/kg body weight. A single Monover bolus injection should not exceed 500 mg iron. Use IBW if patient is overweight.

Information provided relates to Monover® manufactured by Pharmacosmos.