Drug Prescribing Guideline

NSW GOVERNMENT Health
Hunter New England Local Health District

Adult	Ferric carboxymaltose (Ferinject™) Injection / Infusion
Areas where guideline applicable	John Hunter Hospital Infusion Lounge
Areas where guideline not applicable	Paediatrics
Keywords	Iron, infusion, ferric, carboxymaltose, Ferinject™, adult, deficiency, anaemia, iron deficit, antenatal, pregnancy, JHH, RNC, medication, pharmacy, drug, Infusion Lounge.
Authorised Prescribers:	Registered medical officers in Hunter New England LHD
Indication for use	For the treatment of iron deficiency where: • Oral therapy is not viable • Enteric absorption of iron is defective • Patient non-compliance or persistent gastrointestinal intolerance exists • A large iron deficit exists **Ferric carboxymaltose is not on formulary at JHH.** It is not used for inpatients. Outpatients having ferric carboxymaltose administered in the infusion lounge must obtain this medication from a private pharmacy through the PBS and bring it to their appointment
Clinical condition	Patients with a clearly established indication for parenteral iron therapy, confirmed by appropriate laboratory tests (i.e. iron studies and haemoglobin concentrations).
Contra-indications	• Known hypersensitivity to ferric carboxymaltose or any of its excipients; • anaemia not attributed to iron deficiency e.g. other microcytic anaemia; • evidence of iron overload or disturbances in utilisation of iron
Precautions	Iron overload/haemosiderosis: Regular monitoring of red cell indices and serum ferritin required to detect iron overload. Liver dysfunction; Acute/chronic infections Asthma, eczema or atopic allergies; hypersensitivity reactions Paravenous leakage – Caution should be exercised to avoid infiltration at the injection site. May lead to long lasting brown discolouration and irritation of the skin. Stop infusion immediately if this occurs. Sodium content – caution in sodium restricted diets Use in pregnancy – give in 2nd & 3rd trimester only after risk/benefit evaluation In haemodialysis dependent chronic kidney disease, a single daily injection of ferric carboxymaltose should not exceed 200mg iron.
Proposed Place in Therapy	Oral iron should always be first line therapy.

Dosage

Dosage is based on body weight and haemoglobin concentration. See table below:

Total Dose		
Hb g/L	**Body weight 35-70 kg**	**Body weight ≥70 kg**
<100	1500mg	2000mg
≥100	1000mg	1500mg

The maximum single dose of ferric carboxymaltose is 1000mg in one day. Doses should be given a minimum of 7 days apart.

Maternity Dosing
Following the first 1000mg dose, the haemoglobin is retested in 10 days, a second dose of 500mg or 1000mg may be given on day 14.

Duration of therapy

- Usually a one-time infusion.
- Doses over 1000 mg must be split and given as 2 doses of 1000 mg or less at 7 to 14 day intervals – see dosage.

Administration instructions

Pre-medication & Test dosing are not necessary.

- **Intravenous injection:** ferric carboxymaltose may be administered by IV injection undiluted at a rate of 100mg iron / minute (1000mg over 10 minutes) up to a maximum single dose of 1000mg iron.
- **Intravenous infusion:** Ferric carboxymaltose may be administered by IV infusion up to a maximum single dose of 1000mg iron, diluted in sodium chloride 0.9% solution as below

Iron Dose	Solution volume	Made up to Total Volume with sodium chloride 0.9%	Minimum infusion time
100 mg to 200 mg	2 mL to 4 mL	50 mL	3 minutes
>200 mg to 500 mg	>4 mL to 10 mL	100 mL	6 minutes
>500 mg to 1000 mg	>10 mL to 20 mL	250 mL	15 minutes

DO NOT administer more than 1000mg iron per week.
DO NOT give via intramuscular or subcutaneous route.

Monitoring requirements

Safety.

Effectiveness

Prior to commencing infusion, baseline observations should be attended i.e., pulse, respiratory rate & blood pressure Repeat at the end of the infusion.

Haemoglobin should be measured prior to infusion and one week post infusion.

Management of complications

Stop infusion if reaction occurs. Immediate review by medical officer. Adrenaline & facilities for CPR must be available.

Important Drug Interactions

Oral iron preparations should not be given concomitantly with ferric carboxymaltose. Do not start oral iron supplements for at least 5 days after the last ferric carboxymaltose infusion/injection.

Basis of Guideline:

(including sources of evidence, references)

1. MIMS Full prescribing information. Accessed 1st August 2014
2. Iron Polymaltose Drug Prescribing Guideline. HNELHD

Groups consulted in development of this guideline

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