

## DBTH Formulary Guidance: Intravenous Ferric Carboxymaltose (Ferinject) Infusion - Dosing and Administration Summary

### Indication

Treatment of iron deficiency anaemia

### General Principles of the Prescribing of Intravenous Iron Therapy

1. Parenteral iron should be reserved for when oral therapy is unsuccessful because the patient cannot tolerate oral iron, or does not take it reliably, or if there is continuing blood loss, or in malabsorption.
2. Parenteral iron does not produce a faster haemoglobin response than the oral iron preparation apart from in those patients with severe renal failure on dialysis or those who do not absorb it adequately.
3. Parenteral iron should be considered if major surgery is planned within next 3 weeks.
4. Parenteral iron should be prescribed by (or following the advice of) a consultant.

### Dosage Regimen (Modified Regimen)

Body weight < 35kg	Body weight 35kg – 49kg	Body weight > 50kg
500mg	800mg	1000mg

### Administration Information

Iron Dose	Equivalent Volume of Ferinject Injection	Dilution with Sodium Chloride 0.9% Infusion	Administration Time
500mg	10ml	100ml	10 minutes
800mg	16ml	100ml	15 minutes
1000mg	20ml	100ml	15 minutes

### Monitoring Requirements

1. Parenterally administered iron preparations can cause hypersensitivity reactions including anaphylactoid reactions, which may be potentially fatal. Facilities for cardio-pulmonary resuscitation and equipment for handling acute anaphylactoid reactions must be available.
2. Monitor patient for signs of hypersensitivity during and for at least 30 minutes following each infusion.
  - Obtain full set of observations (pulse, temperature, blood pressure, respiratory rate and saturations) prior to commencing the infusion, and every 5 minutes during the infusion, and every 15 minutes after the infusion for 30 minutes.
  - Check the administration site for any injection site reactions.
3. Caution is needed with every dose of intravenous iron that is given, even if previous administrations have been well tolerated.
4. If hypersensitivity reactions or signs of intolerance occur during administration, the treatment must be stopped immediately.
5. Following completion of the infusion, the cannula should be flushed with sodium chloride 0.9% injection to remove any residue of the Ferinject infusion.
6. Common side effects are nausea, headache, dizziness, hypertension, and injection site reactions.
7. Patient can be discharged home an hour after the end of the infusion if observations remain normal.