

## Iron Isomaltoside 1000 (Monofer<sup>®</sup>) (total dose infusion)

<b>Indication</b>	Management of iron deficiency anaemia in renal patients (NOT haemodialysis patients) where oral iron is ineffective/cannot be used or there is a clinical need to deliver iron rapidly						
<b>Dosage and administration</b>	Body Weight (kg)	Actual Haemoglobin Concentration (g/L)					
		60	70	80	90	100	110
	40	1100	1000	900	<b>800</b>	<b>700</b>	<b>600</b>
	45	1100	1000	900	<b>800</b>	<b>700</b>	<b>600</b>
	50	1200	1100	1000	1000	1000	1000
	55	1300	1200	1000	1000	1000	1000
	60	1400	1200	1100	1000	1000	1000
	65	1400	1300	1100	1000	1000	1000
	70	1500	1300	1200	1000	1000	1000
	75	1600	1400	1200	1000	1000	1000
	80	1700	1500	1300	1100	1000	1000
	85	1700	1500	1300	1100	1000	1000
	90	1800	1600	1400	1100	1000	1000
	<p><b>SHADED DOSES:</b> Divide dose into two for administration as above <b>upper limit of 20mg/kg</b> body weight for total dose infusion. Allow at least 1 week between infusions.</p> <p><b>BOLD DOSES:</b> Doses where patients are less than 50kg so dose cannot be rounded up to 1000mg (&gt;20mg/kg).</p> <p><b>Administration</b> Up to 20 mg iron/kg body weight as an intravenous drip infusion over <b>30 minutes or longer*</b> (If total iron dose exceeds 20 mg iron/kg body weight, dose must be split in two administrations with an interval of at least one week)</p> <p>(* taken from SPC for Monofer- this differs from current NHS Lothian IV guide)</p> <p>Hypotensive episodes may occur if intravenous infusion is administered too rapidly.</p>						
<b>Concentration/strength</b>	Add required dose to a bag of sodium chloride 0.9% (usually 100-250mls but maximum of 500mls)						
<b>Stability</b>	Use reconstituted solution as soon as possible						
<b>Reconstitution instructions</b>	Use only sodium chloride 0.9% as an infusion fluid						

Written by: Sarah MacInnes, Renal Pharmacist

Reviewed by: Sadaf Arshad Renal Pharmacist, Henri Chappelle and Lesley Hay, Anaemia Nurses

Date written: May 2018

Review Date: May 2020

<p><b>Additional information</b></p>	<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• BP, pulse and temp at baseline then every 15mins until infusion complete. If any signs of hypersensitivity or intolerance are detected, the administration must be stopped immediately</li> </ul> <p><b>Side Effects</b></p> <ul style="list-style-type: none"> <li>• Acute, severe anaphylactoid reactions are very rare. They usually occur within the first few minutes of administration (generally characterised by the sudden onset of respiratory difficulty and/or cardiovascular collapse).</li> <li>• Delayed reactions are characterised by arthralgia, myalgia and sometimes fever. The onset varies from several hours up to four days after administration. Symptoms usually last two to four days and settle spontaneously or following the use of simple analgesics.</li> <li>• Refer to <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> for full summary of product characteristics.</li> </ul> <p><b>Special Warning and Precautions for Use</b></p> <ul style="list-style-type: none"> <li>• Patients with a history of asthma, allergic eczema, other atopic allergy, drug allergies or active Rheumatoid arthritis are at increased risk of hypersensitivity reactions.</li> <li>• Use with caution in case of acute and chronic infection.</li> </ul> <p><b>Contraindications</b></p> <ul style="list-style-type: none"> <li>• Non iron deficiency anaemia (e.g. haemolytic anaemia)</li> <li>• Iron overload or disturbances in the utilisation of iron (e.g. haemochromatosis, haemosiderosis)</li> <li>• Hypersensitivity to the active substance or any of the excipients</li> <li>• Known hypersensitivity to other parenteral iron products</li> <li>• Decompensated liver cirrhosis and hepatitis</li> </ul> <p>Monofer<sup>®</sup> should not be administered concomitantly with oral iron preparations as the absorption of oral iron will be reduced. <b>Oral iron therapy should not be started until 5 days after the last infusion of Monofer<sup>®</sup></b></p>
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