Cosmofer® for adult patients

Intravenous iron treatment for iron-deficiency anaemia

in adult patients

Patient consent and prescription form

This form contains:

* Information about when to prescribe intravenous iron
* Risks, side effects and patient consent form
* Cosmofer prescription form and dose calculation table

Date \_\_\_\_\_\_\_\_\_\_\_\_ Patient’s consultant \_\_\_\_\_\_\_\_\_\_\_\_ Clinical Area\_\_\_\_\_\_\_\_\_\_\_

Weight (kg) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Hb level (g/l) \_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When to offer treatment with intravenous iron (Cosmofer®):**

Cosmofer is indicated when ALL the following are true:

1. The patient has iron deficiency anaemia\* and has not responded or tolerated oral ironƗ OR needs rapid increase in iron stores OR has a functional iron deficiency
2. The patient consents to intravenous iron

ƗA rise in Hb should be demonstrable by 2 weeks after commencing oral iron and confirms iron deficiency anaemia1

Tick to confirm if true

**Risks and side effects of Cosmofer®**

Cosmofer**®** is generally given without issue. Approximately 5% patients will experience side effects from a Cosmofer**®** infusion1. It is important to ensure the patient is aware of the risks and potential side effects below:

**CONTRAINDICATIONS**

1st Trimester pregnancy (see separate prescription for Maternity services), severe asthma, severe renal or hepatic impairment, eczema, atopy, active rheumatoid arthritis, infection

**Risks**

Hypersensitivity and anaphylaxis can occur with parenteral iron infusion although this is uncommon2.

**SIDE EFFECTS2**

**Uncommon (1 in 100 to 1 in 1,000) –** Abdominal pain, cramps, nausea and vomiting, cramps, dyspnoea, flushing, blurred vision, numbness, itching, rash

**Rare (1 in 1,000 to 1 in 10,000) –** Angioedema, arrhythmias, chest pain, diarrhoea, dizziness, fatigue, hypotension, impaired consciousness, injection site reactions, myalgia, restlessness, seizures, sweating, tremor, tachycardia

**Very rare (<1 in 10,000) –** Haemolysis, headache, hypertension, palpitations, paraesthesia, transient deafness

**Patient consent for intravenous iron (Cosmofer®) infusion**

I acknowledge and understand that the proposed treatment of an intravenous iron transfusion(s) (Cosmofer**®**) has been explained to me and is to be performed on me, the patient:

* **Benefits** – To treat iron deficiency anaemia
* **Risks** – Intravenous iron can cause serious hypersensitivity reactions which can be fatal. The risk of sensitivity is increased in patients with known allergies, immune or inflammatory conditions as well as patients with a history of severe asthma or eczema.
* **Side effects** as listed above
* The potential alternatives of an iron transfusion (blood transfusion or oral iron therapy) have been offered (if appropriate) and explained to me.
* I have been given a copy of the patient information leaflet about intravenous iron
* I have been given the opportunity to ask questions about the treatment
* I understand I can withdraw my consent at any time

Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cosmofer® prescription and dose calculation table**

* Cross reference current weight (use ideal body weight if >90kg, see over) with current haemoglobin level. The target Hb for this prescription is 150g/l.
* The figure in the box represents the dose of IV iron (Cosmofer**®**) required in **mg**. This table differs from the summary of product characteristics.
* If this dose is in a shaded box, then the dose must be divided into two infusions as it is above the upper limit for a single infusion. Maximum dose of iron per infusion is 20mg/kg body weight. You can consider using the next lowest single administration dose.

|  |
| --- |
| **Table for target Hb 150 g/l (Iron dose expressed in mg below)** |
| **Weight****(kg)** | **Current Haemoglobin (g/l)** |
| **60** | **70** | **80** | **90** | **100** | **110** | **120** | **130** |
| **35** | 1250 | 1150 | 1075 | 1000 | 900 | 825 | 750 | 650 |
| **40** | 1350 | 1250 | 1150 | 1075 | 975 | 875 | 775 | 675 |
| **45** | 1450 | 1350 | 1250 | 1125 | 1025 | 925 | 800 | 700 |
| **50** | 1575 | 1450 | 1325 | 1200 | 1100 | 975 | 850 | 725 |
| **55** | 1675 | 1550 | 1400 | 1275 | 1150 | 1025 | 875 | 750 |
| **60** | 1775 | 1650 | 1500 | 1350 | 1200 | 1075 | 925 | 775 |
| **65** | 1900 | 1725 | 1575 | 1425 | 1275 | 1100 | 950 | 800 |
| **70** | 2000 | 1825 | 1675 | 1500 | 1325 | 1150 | 1000 | 825 |
| **75** | 2100 | 1925 | 1750 | 1575 | 1400 | 1200 | 1025 | 850 |
| **80** | 2225 | 2025 | 1825 | 1650 | 1450 | 1250 | 1075 | 875 |
| **85** | 2325 | 2125 | 1925 | 1700 | 1500 | 1300 | 1150 | 900 |
| **90** | 2425 | 2225 | 2000 | 1775 | 1575 | 1350 | 1125 | 925 |

\* Denotes sections to be completed by prescriber

|  |
| --- |
| \*TOTAL DOSE OF IV IRON (Cosmofer**®**) = ……………..…mg to be administered over ……….. infusion(s). |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Planned infusion dates | \*Cosmofer**®** dose to be administered | Volume to be given over 15 minutes initially (see over, calc by pharmacy) | Pharmacy prepared by / date | Administered by / date |
| Infusion 1: | …………mg | (500ml ÷ dose of Cosmofer mg) x 25mg= ………… millilitres |  |  |
| Infusion 2: (if required) | …………mg | (500ml ÷ dose of Cosmofer mg) x 25mg= ………… millilitres |  |  |
| \*Signature of prescribing Consultant/Registrar…………………………………..Date:……………… |

**Appendix**

**Calculation of ideal body weight**

Use ideal body weight to calculate dose if booking body weight is over 90 kg. Do not use doses higher than shown on the table.

Ideal body weight in females (kg) = 45kg + (2.3 x every inch over 5 feet in height)

Ideal body weight in males (kg) = 50 kg + (2.3 x every inch over 5 feet in height)

**Preparation**

Cosmofer® infusions will normally be prepared the day before or morning of treatment, therefore the prescription must be received in pharmacy in advance. For same day requests of Cosmofer® please contact pharmacy on extension 4880 to check capacity prior to prescribing.

**Administration -**

The Cosmofer® infusion should be given by the intravenous route via an infusion pump. A test dose is not required however the first 25mg of the infusion should be administered over 15 minutes to reduce the incidence of reaction. Pharmacy will calculate this using the following equation:

(500ml ÷ Dose of Cosmofer**®** mg) x 25mg = X ml to be given over 15 minutes initially

The total dose is given by infusion over 4-6 hours (rate of infusion gradually increased to 125ml/hr over 4 hours or 83ml/hr over 6 hours).

The total dose of iron will be prepared in 500ml sodium chloride 0.9%.

Monitor the patient during the infusion and for 30 mins after each administration of an IV iron product. IV iron products should only be administered when staff trained to evaluate and manage anaphylactic reactions as well as resuscitation facilities are immediately available. Patients should be monitored for signs or symptoms of anaphylaxis, mild allergic reactions, hypotension and extravasation.

**PLEASE RETAIN A COPY OF THIS COMPLETE FORM IN THE PATIENTS NOTES**

**References**

1. CosmoFer Summary of Product Characteristics, Electronic Medicines Compendium accessed 09/07/2020. (https://www.medicines.org.uk/emc/product/48)
2. JOINT FORMULARY COMMITTEE, 2020.  *British National Formulary*. 78. London: BMJ Group and Pharmaceutical Press.