Patient details label

Salisbury NHS
NHS Foundation Trust

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: Tick to confirm if true

1. The patient has iron deficiency anaemia* and has <u>not</u> responded or tolerated oral iron[ł] OR needs rapid increase in iron stores OR has a functional iron deficiency ☐
2. The patient consents to intravenous iron ☐

łA rise in Hb should be demonstrable by 2 weeks after commencing oral iron and confirms iron deficiency anaemia[1]

Risks and side effects of Cosmofer®

Cosmofer® is generally given without issue. Approximately 5% patients will experience side effects from a Cosmofer® infusion[1]. 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 uncommon[2].

SIDE EFFECTS[2]

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: _____

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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.