

Prescribing and administering ferric derisomaltose

Step 1 – Calculate dose

The dose of ferric derisomaltose should be individually calculated based on the patient's weight and haemoglobin level. The manufacturer recommends that Ideal Body Weight (IBW) is used, which can be calculated using [this calculator](#). The maximum single dose is 20mg/kg. Where the total dose required exceeds this, the dose should be split over two infusions, with the second dose being given at least 1 week after the first. The required dosing schedule should be taken from the table below:

Weight	Hb<100g/l		Hb≥100g/l (&<130g/l)	
25-49kg	Week 1	500mg	Week 1	500mg
	Week 2	No further dose	Week 2	No further dose
50-69kg	Week 1	1000mg	Week 1	1000mg
	Week 2	500mg	Week 2	No further dose
70-74kg	Week 1	1000mg	Week 1	1000mg
	Week 2	1000mg	Week 2	500mg
75-99kg	Week 1	1500mg	Week 1	1500mg
	Week 2	500mg	Week 2	No further dose
≥100kg	Week 1	2000mg	Week 1	1500mg
	Week 2	No further dose	Week 2	No further dose

Step 2 – Prescribe on electronic prescribing

For inpatients only, ferric derisomaltose doses should be prescribed as STAT doses on the Hospital Electronic Prescribing and Administration (HEPMA) system. Where a second dose requires to be given, this should also be prescribed to ensure it is not missed. If the patient is discharged prior to administration of the second dose, arrangements should be made for the patient to receive the second dose as an outpatient.

Step 3 – Prescribe on high risk infusion chart

For all patients, ferric derisomaltose doses should be prescribed on a high risk infusion chart.

- Ferric derisomaltose should be given in either 100ml or 250ml of sodium chloride 0.9%, dependent on the individual patient's fluid requirements.
- Only sodium chloride 0.9% should be used for flushing.
- No additional therapeutic agents should be added to the bag.
- Ferric derisomaltose should be administered over 30 minutes, irrespective of the dose or volume it is made up in.