Fomepizole Intravenous for Adults



Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- Check the brand and strength of the vials
 - There are two brands of different strength vials available: 5mg in 1mL and 1000mg (1g) in 1mL
 - Do not mix brands when preparing a dose
 - GUH generally stocks the 1000mg per mL (1.5g in 1.5mL) strength
- Doses specified in this monograph are based on the Toxbase database, and differ from manufacturer's advice
- Poisons Centre must be contacted prior to using this drug
- See **monitoring** requirements next page
- Unlicensed preparation
- Very limited stock in GUH contact pharmacy immediately if a patient is commenced on fomepizole so that further supplies can be organised - see emergency supply contact numbers
- Available in **Emergency Department** antidote press in Resus room

Available preparations

Antizol 1.5g per 1.5mL vial (1,000mg/1mL)

Fomepizole 1.5g per 1.5mL (1,000mg/1mL)

Note- there is also a 5mg/mL strength- but not generally stocked in GUH- see under Important information

Reconstitution

Already in solution

• If the drug solution has become solid, it should be liquefied by running the vial under warm water (ref 1,2)

Dilute further prior to administration

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Intermittent intravenous infusion (administer using an electronically controlled infusion device)

- Dilute dose with at least 100mL infusion fluid. (Toxbase suggests 250 to 500ml)
- Administer over 30 minutes

Dose in adults

IMPORTANT

- Doses specified in this monograph are based on the Toxbase database, and differ from manufacturer's advice
- For patients weighing more than 110kg the antidote dose should be calculated using a maximum of 110kg, rather than the patient's actual weight (ref 2)

Loading dose (for patients NOT on haemodialysis)

- Give 15mg/kg (to a max dose of 1650mg) over 30 minutes
- The loading dose is still needed in patients who have begun treatment with ethanol as an antidote, who are being switched to fomepizole treatment (ref 2)

Followed by:

- Doses of 10mg/kg (max dose of 1100mg) over 30 minutes, every twelve hours for four doses, (starting at 12 hours after the loading dose is given (ref 2))
- After these four doses then give 15mg/kg (max dose of 1650mg) over 30 minutes, every twelve hours thereafter
- Duration of treatment: Fomepizole should be continued until
 - the ethylene glycol concentration is less than 50 mg/L
 - the methanol concentration is less than 200 mg/L
 - AND
 - o acidosis and signs of systemic toxicity have resolved and the osmolal gap is normal
 - Consult specialist centre for advice

Haemodialysis (ref 2)

Consult specialist centre for advice

- If RRT is initiated more than 6 hours after the last fomepizole dose, or if no fomepizole has been given, administer a loading dose of 15mg/kg (max 1,650mg) over 30 minutes. (another loading dose is not required if six or fewer hours have elapsed since the last dose)
- For the entire duration of RRT (including time between dialysis sessions) fomepizole may either be given as
 - infusion of 1mg/kg/hour
 - o or
 - give 10mg/kg (max 1,100mg) every four hours

At the end of RRT

- if less than 1 hour has passed since the last dose was given, await four hours before restarting twelve-hourly dosing
- if 1 to 3 hours has passed, give half the dose and restart twelve-hourly dosing in six hours;
- if more than 3 hours has passed, administer the next twelve-hourly dose

Monitoring

- Monitor ethylene glycol or methanol concentrations in serum and urine, and the presence of urinary oxalate crystals
- Monitor LFTs, white blood counts during treatment as transient increases in serum transaminase levels and eosinophilia have been noted with repeated fomepizole dosing
- Monitor blood pressure and heart rate (ref 1)
- Monitor for hypersensitivity reactions

Storage

- Store between 20 and 25°C
- See under reconstitution re temperature changes effects on product

References

Fomepizole (SERB) December 2022 (note this is the 5mg/mL strength) - but is the only SPC available (most information on guide is taken from TOXBASE)

- 1. Injectable Medicines guide, accessed via Medusa 08/05/2025
- 2. Toxbase (accessed online 17/04/2025)

Therapeutic classification

Antidote