Fomepizole Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- 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

Fomepizole 1.5g per 1.5mL (SteriMax)

Reconstitution

Already in solution

- The drug solidifies at temperatures less than 25^{0}C. If the drug solution has become solid, it should be liquefied by running the vial under warm water or by holding in the hand
- Solidification does not affect the safety, efficacy or stability of the drug

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 1]

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 1]

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 1])
- After these four doses then give 15mg/kg **(max dose of 1650mg)** over 30 minutes, every twelve hours thereafter until ethylene glycol or methanol levels are undetectable or have been reduced below 50mg/dL [ref 1]Â (below 20mg/dL according to manufacturer) **AND** acidosis and signs of systemic toxicity have resolved. **Consult specialist centre for advice**

Haemodialysis [ref 1]

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
  - 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

Storage

- Store between 20 and 25^{0}C
- See under reconstitution re temperature changes effects on product

References

Antizol;Package insert 2nd May 2017

Fomepizole (SteriMax) June 14th 2018

(1) Toxbase (accessed online 29/09/21)

Therapeutic classification

Antidote