



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

idaruCIZUmab

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ADMINISTRATION POLICY:

- IV Intermittent - May be administered by a nurse
- IV Bolus - May be administered by a nurse
- IM/Subcutaneous - NOT RECOMMENDED

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 2.5 grams (50 mg/mL). Each box contains one dose (2 x 2.5 gram vials). REFRIGERATE. Do Not Shake.

- IV Intermittent:** With a vented IV set in a dedicated IV access administer the first 2.5 gram vial undiluted over 5 to 10 minutes followed immediately by the second 2.5 gram vial undiluted over 5 to 10 minutes. IV access must be flushed with 10 mL normal saline prior to administering the first vial at the end of the second vial.
- IV Bolus:** Withdraw contents of one 2.5 gram vial into a 60 mL syringe and administer undiluted in a dedicated IV access over 1 to 5 minutes. Immediately repeat for second 2.5 gram vial. IV access must be flushed with 10 mL normal saline prior to administering the first vial and at the end of the second vial.
- Maximum rate:** **IV Bolus:** 2.5 grams over 1 minute
- Maximum concentration:** 50 mg/mL

DOSAGE:

- Usual:** 5 grams IV once
- Maximum single dose:** 5 grams

STABILITY/COMPATIBILITY:

- Stability of Final Admixture:** Unopened vials – 48 hours at room temperature protected from light
6 hours if exposed to light
Once punctured – 1 hour at room temperature away from direct heat or light
- Compatibility:** Do NOT mix with other solutions or drugs.
IV access must be flushed with normal saline ONLY

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Central Nervous System: headache, anxiety, delirium
- Cardiovascular: bradycardia, atrial fibrillation, hypotension, hypertension
- Endocrine/metabolic: hypokalemia
- Gastrointestinal: constipation, diarrhea, nausea, dysphagia
- Infections: pneumonia
- Hematologic: thromboembolism, hematoma
- Hypersensitivity: bronchospasm, rash, pyrexia, pruritis, hyperventilation



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ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Renal/hepatic dysfunction: dosage adjustment not required in renal dysfunction. Dosage adjustment has not been studied in hepatic dysfunction.
- Consider resumption of anticoagulant therapy as soon as medically appropriate.
- Use with caution in patients with hereditary fructose intolerance.