

**Fomepizole for treatment of toxic alcohol poisoning  
SESLHDPR/689**

<b>Prescribing Protocol Template for New Drugs</b>	
<b>Title</b>	<b>Fomepizole for treatment of toxic alcohol (methanol, ethylene glycol) poisoning</b>
<b>Areas where Protocol/Guideline applicable e.g. District, Hospital, ITU, Ward</b>	Emergency departments, intensive care units
<b>Areas where Protocol/Guideline not applicable</b>	Other inpatient areas
<b>Authorised Prescribers</b>	Clinical Toxicology specialists
<b>Indication for use</b>	Poisoning with either methanol or ethylene glycol
<b>Clinical condition</b> Patient selection: Inclusion criteria	<p>Suspected toxic alcohol ingestion (methanol or ethylene glycol) AND two of the following criteria:</p> <ul style="list-style-type: none"> <li>• pH &lt; 7.3,</li> <li>• Bicarbonate &lt;20 mmol/L,</li> <li>• Osmolar Gap &gt;10 mosmol/L,</li> <li>• Oxalate crystals in urine.</li> </ul>
<b>Contra-indications</b>	Hypersensitivity to fomepizole
<b>Precautions</b>	<p>Do not administer undiluted (venous irritation may occur) Monitor for adverse effects including allergic reactions (rare) Pregnancy (category B2) Ethanol intoxication: Measure ethanol concentration before administering fomepizole and omit loading dose if patient has a serum ethanol concentration more than 0.10 to 0.15 g/dL (22 to 33 mmol/L).</p>
<b>Place in Therapy</b>	<p>First line in children Second line in adult patients who cannot tolerate ethanol due to vomiting</p>
If part of combination therapy, list other drugs	<p>Methanol poisoning – folinic acid 50 mg IV QID Ethylene glycol poisoning – pyridoxine 50 mg IV QID &amp; thiamine 100 mg QID</p>
<b>Dosage</b>	<p>Loading dose 15 mg/kg, followed by 10 mg/kg IV every 12 hours for the first 48 hours, then increase to 15 mg/kg every 12 hours thereafter if still required During haemodialysis infuse 10 mg /kg every 4 hours Omit loading dose if patient has ethanol intoxication – see ‘Precautions’</p>
<b>Duration of therapy</b>	Fomepizole treatment can be ceased once patient is commenced on haemodialysis and acid-base and osmolar gap improves (usually 12-24 hours).

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<b>Important Drug Interactions</b>	Ethanol – blocks metabolism May alter exposure to drugs metabolised by the CYP enzymes.
<b>Administration instructions</b>	Using sterile technique, the appropriate dose of fomepizole should be drawn from the vial with a syringe and injected into at least 100 mL of sterile 0.9% sodium chloride 0.9% or glucose 5%. Mix well. The entire contents of the resulting solution should be infused over 30 minutes.
<b>Monitoring requirements</b>	Vital signs, acid-base, osmolar and anion gap, haemodynamic status.
<b>Management of complications</b>	Supportive care as required. Very well tolerated.
<b>Basis of Protocol/Guideline</b>	e-Therapeutic Guideline, Austin Hospital Fomepizole protocol.
<b>Groups consulted in development of this protocol</b>	Shaun Greene

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