

INFORMATION SHEET FOR ADMINISTRATION OF ILOPROST IN RAYNAUD'S/SCLERODERMA (ONLY)

Indications: Treatment of Raynaud's / Scleroderma (unlicensed indication). Prior approval from commissioners is **NOT** required for these indications.

Presentation: Iloprost (Ilomedin®) concentrate for infusion usually in 50mcg (0.5ml) ampoules. (unlicensed medicine).

Dose: 50mcg (0.5ml) lloprost in 25ml of Sodium chloride 0.9% or Dextrose 5% via a syringe driver

Rate: According to weight (see below). Commence the infusion at 0.5nanograms/kg/min. Increase the rate by 0.5nanograms/kg/min every 20 minutes until a dose of 1.5 nanograms/kg/min is reached.

Duration: Run over 6 hrs daily for 5 consecutive days; repeated every 3 to 6 months depending on patient need

Dose of Iloprost (ng/kg/min)	INFUSION RATES (ml/hr) WEIGHT OF PATIENT (kg) (Round down to the nearest weight on table as below)										
	40	45	50	55	60	65	70	75	80	85	90
0.5	0.6	0.7	0.8	0.8	0.9	1.0	1.1	1.1	1.2	1.3	1.3
1.0	1.2	1.3	1.5	1.6	1.8	2.0	2.1	2.2	2.4	2.5	2.7
1.5	1.8	2.0	2.2	2.5	2.7	2.9	3.2	3.4	3.6	3.8	4.0

If weight >90kg, contact pharmacy for rate of infusion.

Worked example for a 60kg weight patient.

For a **60kg** weight patient, a dose of 0.5nanograms/kg/min = 30ng in 1 min

1800nanograms in 60 min = 1.8 micrograms

Since 50 micrograms in 25 ml solution

1.8 micrograms will be in 0.9ml

Therefore, 1.8mcg = 0.9ml. Set administration rate at 0.9ml per hour. Run for 20 mins, check patient's BP and pulse after 20mins. If rate is tolerated by patient, increase to 1.8ml/hr for 20mins, monitor patient, if tolerated, increase to 2.7ml/hr and run for 5 hrs 20mins.

*If patient unable to tolerate, side effects, decrease dose by 0.5ng/kg/min. E.g. if on 1.8ml/hr, decrease to 0.9ml/hr and continue to monitor. This would normally cause a rapid resolution of the side effects.

Supportive drugs: Anti-emetics (Cyclizine 50mg tds, metoclopramide 10mg tds) Paracetamol 1g qds +/- codeine 30mg- 60mg qds as required (if no contraindications)

*Side effects: Nausea, vomiting, abdominal cramps, diarrhoea, hypotension, headache, jaw and shin pain and facial flushing.

Monitoring: Blood pressure and pulse every 20 mins for the first hour, then hourly. If the following occur: A persistent, clinically significant drop in blood pressure, persistent, clinically significant tachycardia or vagal reaction with bradycardia, nausea and vomiting, the infusion must be interrupted until patient's symptoms resolved, then recommence at the previous flow rate.