

Two simple steps to correct iron deficit for your patients¹

Step 1:

Calculate Iron Need

Your patients have individual iron needs based on weight, haemoglobin and disease state²

Hb (g/L)	Body weight 50kg to <70kg	Body weight ≥70kg
≥100	1000mg	1500mg
<100	1500mg	2000mg

Adapted from Monofer Product Information¹

It is recommended to deliver maximum iron need at the first visit.¹

Depending on clinical judgement the second administration could await follow-up laboratory tests.¹

Can your patient's full iron need be delivered in ONE infusion?

PBS Information: Monofer[®] is listed on the PBS as a parenteral iron preparation.

PLEASE REVIEW FULL PRODUCT INFORMATION BEFORE PRESCRIBING.
 Full Product Information is available at www.pfizer.com.au/products/monofer

MINIMUM PRODUCT INFORMATION: MONOFER[®] (ferric derisomaltose, 100 mg/1mL, 200 mg/2mL, 500mg/5mL and 1000mg/10mL) solution for injection.
Therapeutic indications: Treatment of iron deficiency in adults, when oral iron preparations are ineffective or cannot be used or where there is a clinical need to deliver iron rapidly. Diagnosis must be based on laboratory tests. **Contraindications:** Hypersensitivity to the active substance, to Monofer or any of the excipients; non-iron deficiency anaemia (eg. haemolytic anaemia); iron overload or disturbances in utilisation of iron (eg. haemochromatosis, haemosiderosis). **Special warnings and precautions for use:** Hypersensitivity reactions including serious and potentially fatal anaphylactic/anaphylactoid reactions (risk increased in patients with allergies, severe hypersensitivity to other parenteral iron products, history of severe asthma, eczema, atopic allergy, immune or inflammatory conditions), compensated liver dysfunction, hepatic dysfunction (alanine aminotransferase and/or aspartate aminotransferase >3 times upper limit of normal) where iron overload is a precipitating factor, in particular Porphyria Cutanea Tarda (PCT), acute or chronic infection, bacteraemia, hypotensive episodes, paravenous leakage at injection site, patients >65 years, children and adolescents <18 years, pregnancy (category B3), lactation and effects on laboratory tests. See PI for details. **Interactions with other medicines and other forms of interactions:** Oral iron therapy - absorption of oral iron is reduced when administered concomitantly. Other form of interaction - large doses of parenteral iron (5 mL or more) reported to give a brown colour to serum from a blood sample drawn four hours after administration. **Adverse effects (undesirable effects):** Common – nausea, rash, injection site reactions. Uncommon – hypersensitivity, including severe reactions, tachycardia, chest pain, dyspnoea. Rare - anaphylactoid/anaphylactic reactions. See PI for details. **Dose and method of administration:** Administered as an intravenous bolus injection, intravenous drip infusion or as a direct injection into the venous limb of the dialyser. Cumulative iron need can be determined using either the Ganzoni formula or the Simplified table. See PI for details. Before prescribing, please review Product Information available from Pfizer Australia Pty Ltd. © Registered trademark. V11019

Reference: 1. Monofer[®] Product Information. 2. Gozzard D, Drug Design, Development and Therapy, 2011;5: 51–60. 3. Kalra PA et al. P.JNH 2012;26:13–24. 4. Jahn MR et al., Eur J Pharm and Biopharm, 2011;78:480–91. 5. Derman R et. al. Am J Hem. 2017;92(3):286-91; 6. Reinisch W et al. Scan J Gastro. 2015;50(10):1226-33.

Pfizer Australia Pty Limited, Sydney, Australia. Medical Information: 1800 675 229 © Copyright 2020. All rights reserved. Monofer[®] is a registered trademark of Pharmacosmos A/S, Denmark. Date prepared: Jan 2020. PP-MFR-AUS-0078



In collaboration with
PHARMACOSMOS



MonoFer[®] / *Make the first visit count*¹
Ferric derisomaltose

Step 2:

Determine Patient's Infusion Regimen

Monofer® gives you the ability to administer up to 20mg/kg, with a recommended maximum single infusion of 1500mg.¹

Dose calculation for patients with Hb \geq 100 g/L[‡]


Weight (Kg)	50	52.5	55	57.5	60	62.5	65	67.5	70	72.5	75	77.5	80	82.5	\geq 85
Iron need (mg)	1000	1000	1000	1000	1000	1000	1000	1000	1000	1500	1500	1500	1500	1500	1500
*Maximum Monofer® dose (mg)	1st visit	1000	1000	1000	1000	1000	1000	1000	1000	1400	1450	1500	1500	1500	1500
	2nd visit	-	-	-	-	-	-	-	-	100	50	-	-	-	-

* Up to 20mg/kg per visit

Dose calculation for patients with Hb $<$ 100 g/L[‡]

Weight (Kg)	50	52.5	55	57.5	60	62.5	65	67.5	70	72.5	75	77.5	80	82.5	\geq 85
Iron need (mg)	1500	1500	1500	1500	1500	1500	1500	1500	1500	2000	2000	2000	2000	2000	2000
*Maximum Monofer® dose (mg)	1st visit	1000	1050	1100	1150	1200	1250	1300	1350	1400	1450	1500	1500	1500	1500
	2nd visit	500	450	400	350	300	250	200	150	600	550	500	500	500	500

* Up to 20mg/kg per visit ‡ Adapted from Monofer Product Information, from the Simplified Table¹

 **Dependent on clinical judgement the second administration could await follow-up laboratory tests.¹**

Monofer® (ferric derisomaltose): Convenient & time efficient iron correction from ONE visit^{3,4}



Up to 20 mg/kg in just one visit

If total iron need exceeds 20mg/kg bodyweight or 1500mg, the dose must be split in two administrations with an interval of at least one week.¹



IV Infusion

\leq 1000mg over 20 minutes¹
 $>$ 1000mg over \geq 30 minutes¹

Add to max. 500mL of sterile 0.9% sodium chloride¹ (100mL dilution utilised in clinical trials).^{5,6}



Intravenous bolus injection

500mg over 2 minutes¹

Administer undiluted or dilute in max. 20mL sterile 0.9% sodium chloride.¹

IV iron should only be administered when trained staff are present and the patient should be observed for at least 30 minutes following each injection.¹