## **Available IV Iron Products in Australia**

Product	<b>Venofer®</b> 1 (Iron sucrose)	Ferrosig <sup>®2</sup> (Iron polymaltose)	Ferinject®³ (Ferric carboxymaltose)	<b>Monofer®⁴</b> (Ferric derisomaltose)
Indication	Treatment of IDA in H-CKD patients receiving EPO. Diagnosis must be based on lab tests.	<ul> <li>Treatment of IDA:</li> <li>When oral therapy is C/I.</li> <li>When enteric absorption of iron is defective.</li> <li>When patient non-compliance or persistent GI intolerance makes oral therapy impractical.</li> </ul>	Treatment of ID when oral iron preparations are ineffective or cannot be used.  Diagnosis must be based on lab tests.	<ul> <li>Treatment of ID in adults:</li> <li>When oral iron preparations are ineffective or cannot be used</li> <li>Where there is a clinical need to deliver iron rapidly</li> <li>Diagnosis must be based on lab tests.</li> </ul>
Iron concentration	20mg/mL	50mg/mL	50mg/mL	100mg/mL
Max dose per infusion	100mg during dialysis up to 3 times per week <sup>5</sup>	2500mg	1000mg (20mg/kg)	1500mg (20mg/kg)
Infusion time	15 min minimum	Approx. 5 hours <sup>5</sup>	>200-500mg = 6 min >500-1000mg = 15 min	≤1000mg over 20 min >1000mg ≥ 30 min
Use in pregnancy	Category B3: Careful risk/benefit evaluation is required, usage confined to 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester.			
Available presentations	100mg 5mL ampoule	100mg 2mL ampoule	1000mg 20mL vial 500mg 10mL vial 100mg 2mL vial	1000mg 10mL vial 500mg 5mL vial

C/I = contraindicated, EPO = erythropoietin, GI = gastrointestinal, H-CKD = haemodialysis chronic kidney disease, ID = iron deficiency, IDA = iron deficiency anaemia, IV = intravenous.

Products available as at May 2020.



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: Administr

References: 1. Venofer® Product Information 2. Ferrosig® Product Information 3. Ferinject® Product Information 4. Monofer® Product Information; 5. Baird-Gunning J, Bromley J. Correcting iron deficiency. Aust Prescr 2016;39:193–9.

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