



MONOFERRIC PATIENT SOLUTIONS® (MPS) COPAY ASSISTANCE PROGRAM

- **Eligible patients will receive savings** on out-of-pocket (OOP) expenses (i.e., deductible, copay, or coinsurance obligations) for MonoFerric® (ferric derisomaltose) injection **of up to \$2,000 per dose***
- Copay assistance may be applied retroactively to prescription costs that occurred within 120 days prior to the date of enrollment and the patient met all of the eligibility criteria at the time of the infusion

**PATIENTS PAY
AS LITTLE AS**

\$0 per dose*

To be eligible to participate in the MPS Copay Assistance Program, patients must:



- Have commercial health insurance (i.e., health insurance offered through an employer; NOT Medicare, Medicare Advantage, Medicaid, TRICARE, or Veteran Affairs healthcare)
- Reside in the United States or Puerto Rico
- Be treated by a healthcare professional in the United States or Puerto Rico
- Be 18 years of age or older
- Be prescribed MonoFerric for an on-label diagnosis

* If iron deficiency anemia returns within the coverage period, you would receive an annual maximum savings on OOP expenses of up to \$4,000. Additional restrictions apply. Please see full Terms and Conditions at monoferric-patient-solutions.com.

INDICATION

MonoFerric is indicated for the treatment of iron deficiency anemia (IDA) in adult patients:

- who have intolerance to oral iron or have had unsatisfactory response to oral iron
- who have non-hemodialysis dependent chronic kidney disease (NDD-CKD)

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

MonoFerric is contraindicated in patients with a history of serious hypersensitivity to MonoFerric or any of its components. Reactions have included shock, clinically significant hypotension, loss of consciousness, and/or collapse.

Please see additional Important Safety Information on page 2.

Please see Full Prescribing Information [here](#).

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WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylactic-type reactions, some of which have been life-threatening and fatal, have been reported in patients receiving MonoFerric. Patients may present with shock, clinically significant hypotension, loss of consciousness, and/or collapse. Monitor patients for signs and symptoms of hypersensitivity during and after MonoFerric administration for at least 30 minutes and until clinically stable following completion of the infusion. Only administer MonoFerric when personnel and therapies are immediately available for the treatment of serious hypersensitivity reactions. MonoFerric is contraindicated in patients with prior serious hypersensitivity reactions to MonoFerric or any of its components. In clinical trials in patients with IDA and CKD, serious or severe hypersensitivity were reported in 0.3% (6/2008) of the MonoFerric treated subjects. These included 3 events of hypersensitivity in 3 patients; 2 events of infusion-related reactions in 2 patients and 1 event of asthma in one patient.

Iron Overload

Excessive therapy with parenteral iron can lead to excess iron storage and possibly iatrogenic hemosiderosis or hemochromatosis. Monitor the hematologic response (hemoglobin and hematocrit) and iron parameters (serum ferritin and transferrin saturation) during parenteral iron therapy. Do not administer MonoFerric to patients with iron overload.

ADVERSE REACTIONS

Adverse reactions were reported in 8.6% (172/2008) of patients treated with MonoFerric. Adverse reactions related to treatment and reported by $\geq 1\%$ of the treated patients were nausea (1.2%) and rash (1%). Adjudicated serious or severe hypersensitivity reactions were reported in 6/2008 (0.3%) patients in the MonoFerric group. Hypophosphatemia (serum phosphate < 2.0 mg/dL) was reported in 3.5% of MonoFerric-treated patients in Trials 1 & 2.

To report adverse events, please contact Pharmacosmos at 1-888-828-0655. You may also contact the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see Full Prescribing Information [here](#).

