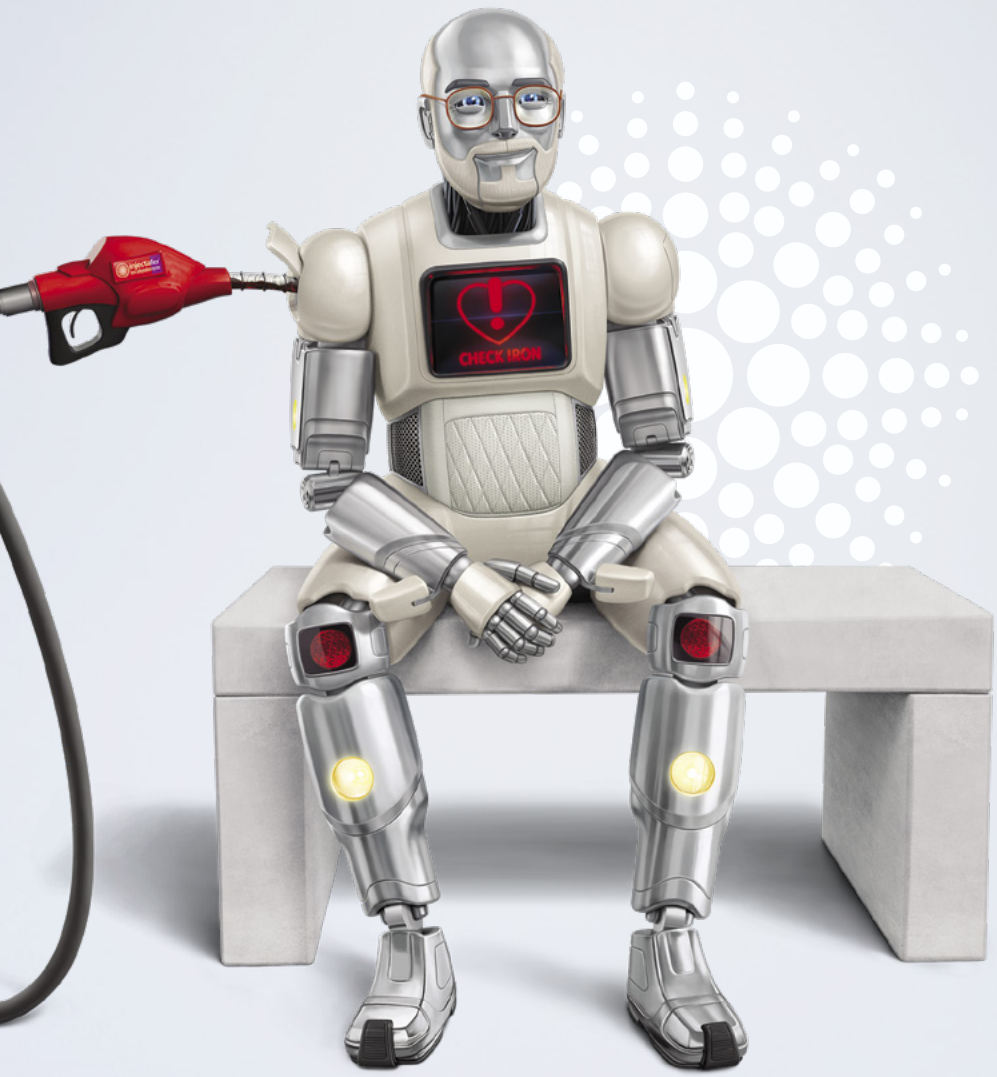
THE FIRST AND ONLY FDA-APPROVED IV IRON FOR ID IN HF[1-6]



CHOOSE INJECTAFER

for your appropriate patients with iron deficiency (ID) and heart failure[1]

The **first and only FDA-approved IV iron** to treat iron deficiency in adult patients with heart failure (HF) and New York Heart Association (NYHA) class II/III to improve exercise capacity.[1-6]

THE 2022 AHA/ACC/HFSA GUIDELINES RECOMMEND[7]:

Routine baseline assessments for iron deficiency and anemia in **all** patients with HF (class 1 recommendation)	Complete blood count, ferritin, serum iron, and transferrin saturation (TSAT) testing (class 1 recommendation)	Treating HFrEF and iron deficiency with or without anemia, with an IV iron (class 2a recommendation)

ACC=American College of Cardiology; AHA=American Heart Association; HFrEF=heart failure with reduced ejection fraction; HFSA=Heart Failure Society of America; IV=intravenous.

INDICATIONS

Injectafer® (ferric carboxymaltose injection) is indicated for the treatment of iron deficiency anemia (IDA) in adult and pediatric patients 1 year of age and older who have either intolerance or an unsatisfactory response to oral iron, and in adult patients who have non-dialysis dependent chronic kidney disease. Injectafer is also indicated for iron deficiency in adult patients with heart failure and New York Heart Association class II/III to improve exercise capacity.

SELECTED SAFETY INFORMATION

CONTRAINDICATIONS

Injectafer is contraindicated in patients with hypersensitivity to Injectafer or any of its inactive components.

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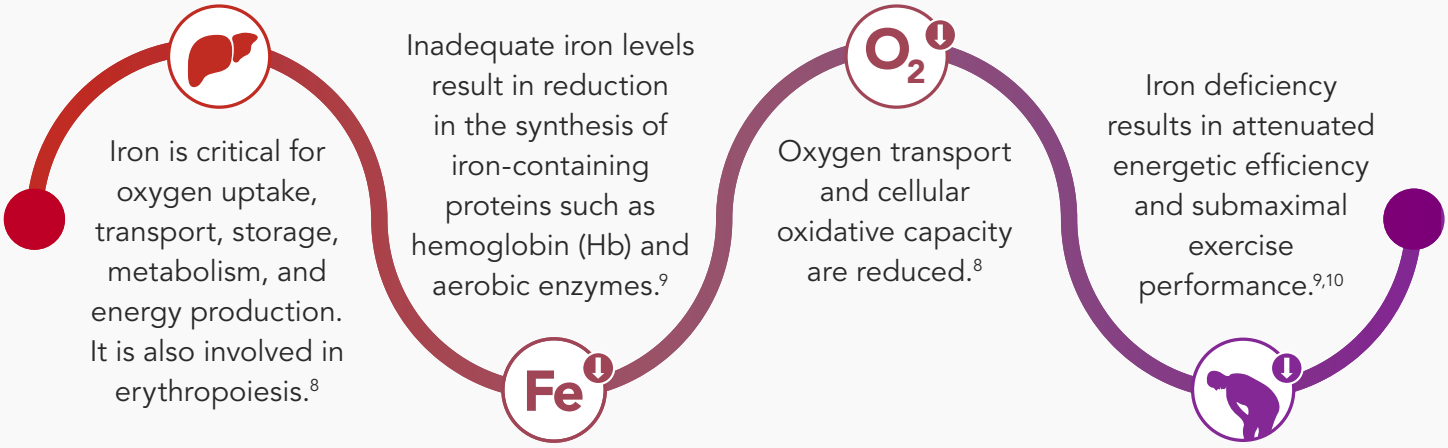
IRON IS ESSENTIAL TO MAINTAIN NORMAL FUNCTIONING OF CARDIAC CELLS[8]

The role and dual effects of iron deficiency in the heart



Including iron deficiency, patients with HF are likely to have multiple comorbidities[11,12*†]

Kidney failure/ kidney disease[13]

Hyperlipidemia[13]

Diabetes[13]

Obesity[13]

Gastroesophageal reflux disease[13]

Cancer[13]

*Data range: 11/01/2019-10/31/21.[13]
†Data source: SHS Claims.[13]

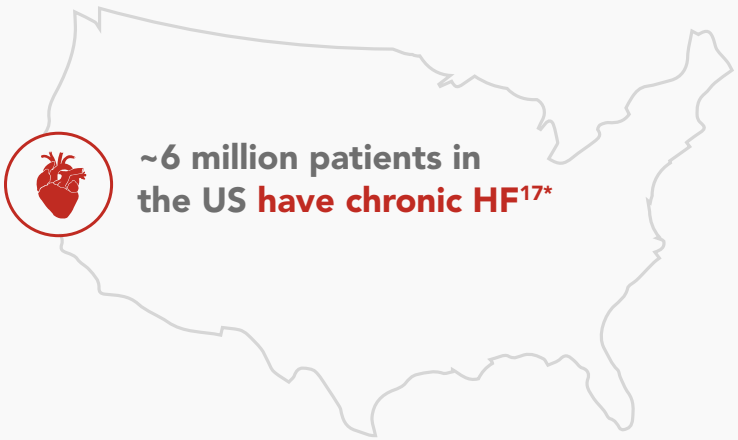
SELECTED SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Symptomatic Hypophosphatemia

Symptomatic hypophosphatemia with serious outcomes including osteomalacia and fractures requiring clinical intervention has been reported in patients treated with Injectafer in the post-marketing setting. These cases have occurred mostly after repeated exposure to Injectafer in patients with no reported history of renal impairment. However, symptomatic hypophosphatemia has been reported after one dose. Possible risk factors for hypophosphatemia include a history of gastrointestinal disorders associated with malabsorption of fat-soluble vitamins or phosphate, inflammatory bowel disease, concurrent or prior use of medications that affect proximal renal tubular function, hyperparathyroidism, vitamin D deficiency, malnutrition, and hereditary hemorrhagic telangiectasia (HHT or Osler-Weber-Rendu syndrome). In most cases, hypophosphatemia resolved within three months.

IRON DEFICIENCY IS A COMMON COMORBIDITY IN HF THAT IS OFTEN UNDERDIAGNOSED AND UNDERTREATED[14-16]



~6 million patients in the US have chronic HF[17*]

~50%
of all patients with HF have iron deficiency[12]

Risk factors for iron deficiency in HF[18]:

- Female sex
- A more advanced stage of HF
- Higher levels of N-terminal proB-type natriuretic peptide (NT-proBNP) and C-reactive protein (CRP)

Exercise capacity is a measure that can be objectively quantified, tracked, and treated[19,20]

Track

The **6-minute walk test (6MWT)** objectively measures a patient's submaximal functional capacity.[19]

Treat

Diagnosing iron deficiency in patients with HF is important since **intravenous correction** of iron deficiency has been shown to improve exercise performance.[20]

*Based on the National Health and Nutrition Examination Survey (NHANES) data 2015-2018.[17]

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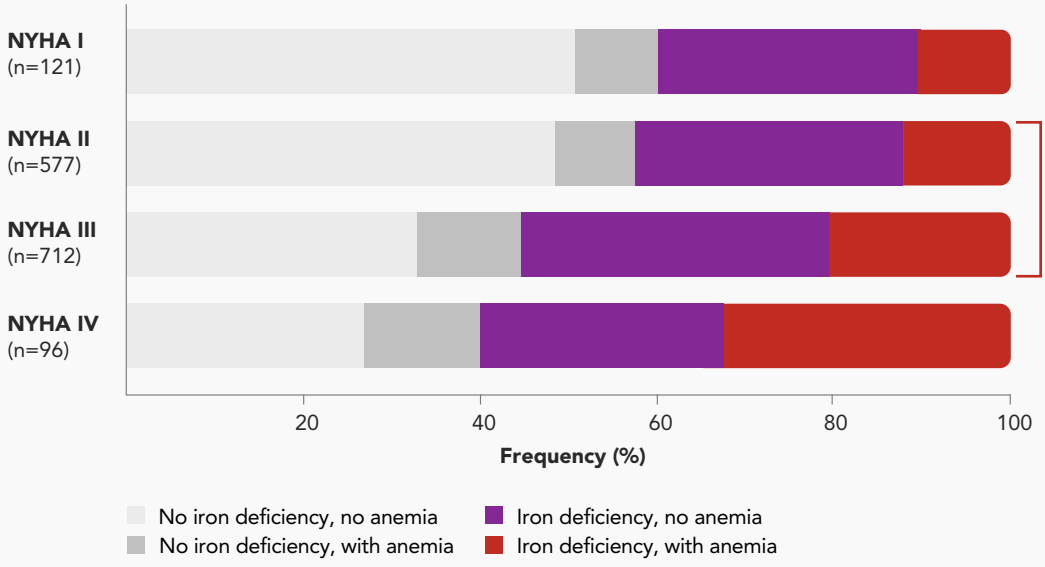
THE INCIDENCE OF IRON DEFICIENCY OR IDA IS CORRELATED WITH THE SEVERITY OF HF[21]*

Results seen in a study of an international pooled cohort comprising 1506 adult patients with chronic HF†



~50% of patients with NYHA class II or III had iron deficiency or IDA

Adapted from Klip et al. 2013.

NYHA class II: Patients are comfortable at rest but have slight symptoms resulting from HF (dyspnea, fatigue, lightheadedness) with ordinary activity.[7]

NYHA class III: Patients are comfortable at rest but have symptoms of HF with less than ordinary activity.[7]

*Data were captured from a single measurement in time, and the effects of changes in iron, anemia, or NYHA functional class status over time should not be inferred.[21]

†Patients with both iron deficiency and anemia were older and had a higher NYHA functional class, more comorbidities, and higher biomarker levels compared with those with iron deficiency and no anemia.[21]

SELECTED SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONT'D)

Symptomatic Hypophosphatemia (cont'd)

Correct pre-existing hypophosphatemia prior to initiating therapy with Injectafer. Monitor serum phosphate levels in patients at risk for chronic low serum phosphate. Check serum phosphate levels prior to a repeat course of treatment in patients at risk for low serum phosphate and in any patient who receives a second course of therapy within three months. Treat hypophosphatemia as medically indicated.

ROUTINE BLOOD TESTS FOR IRON ARE STRONGLY RECOMMENDED TO ENSURE PROPER DIAGNOSIS[7]

Iron deficiency, anemia, and iron deficiency anemia (IDA) are 3 different conditions.[9]

Many HF symptoms can look like iron deficiency, such as: **dyspnea, fatigue, and heart palpitations**.* It's important to obtain lab values for key iron deficiency indices.[7, 22-24]

To diagnose iron deficiency in HF, in addition to checking Hb, look for[7]:

FER

Ferritin levels below
100 ng/mL

OR

FER

Ferritin levels of
100 ng/mL-300 ng/mL

TSAT

if TSAT is
<20%

IDA in HF: Ferritin <100 ng/mL or 100 ng/mL-300 ng/mL if TSAT is <20% with Hb <13 g/dL in men and <12 g/dL in women; **anemia in HF:** Hb <13 g/dL in men and <12 g/dL in women.[7, 25-26]

2022 AHA/ACC/HFSA Guidelines: in HF, all baseline laboratory assessments should include complete blood count, ferritin, serum iron, and TSAT (class 1 [strong] recommendation)[7]

*Injectafer is not indicated to treat the symptoms of HF or iron deficiency (ID).

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INJECTAFER IS THE FIRST AND ONLY IV IRON THAT IS FDA-APPROVED TO TREAT IRON DEFICIENCY IN HF[1-6]

IV iron can be effective[7]

- IV iron is a **class 2a recommendation in the 2022 AHA/ACC/HFSA Guidelines** to treat patients with HFrEF and iron deficiency with or without anemia[7]
  - **CONFIRM-HF** was one of the clinical trials that was cited as evidence and helped inform the class 2a recommendation to prescribe IV iron[7]
- With IV iron, **100% of iron** is delivered into the bloodstream
- Oral iron therapy was **not proven to be effective in iron repletion and did not improve exercise capacity** for the treatment of iron deficiency in patients with HFrEF[7,27]

Choose Injectafer as a first-line treatment for iron deficiency in adult patients with HF and NYHA class II/III to improve exercise capacity[1]

SELECTED SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONT'D)

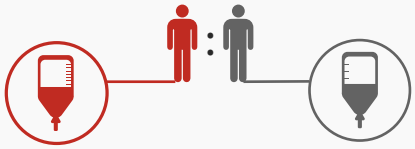
Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylactic-type reactions, some of which have been life-threatening and fatal, have been reported in patients receiving Injectafer. 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 Injectafer administration for at least 30 minutes and until clinically stable following completion of the infusion. Only administer Injectafer when personnel and therapies are immediately available for the treatment of serious hypersensitivity reactions.

INJECTAFER WAS EVALUATED IN THE CONFIRM-HF STUDY[28]

A randomized (1:1), double-blind, placebo-controlled, multicenter study[28]

A total of 304 patients were randomized and treated.[28]



INJECTAFER-TREATED PATIENTS[28] (n=150)

PLACEBO-TREATED PATIENTS[28] (n=151)

- **57%** were classified as NYHA class II[1]
- **43%** were classified as NYHA class III[1]
- The median age of study patients was **71 years** (range, 35 to 88)[1]
- **46%** were female[1]
- **99%** were Caucasian[1]

	Baseline mean (SD)[1]
Hb	**12 g/dL (1.4)**
Ferritin	**57 ng/mL (45)**
TSAT	**19% (13.7)**
LVEF	**37% (7)**
Brain natriuretic peptide	**770 pg/mL (973)**

At baseline, 95% of patients were treated with angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB), 91% with beta-blocker, 59% with aldosterone antagonists, and 90% with diuretic.[1]

Key criteria[28]

HF: NYHA functional class II or III (due to stable symptomatic chronic HF); LVEF ≤45%

Iron deficiency: Hb <15 g/dL; serum ferritin <100 ng/mL (or 100 ng/mL-300 ng/mL with TSAT <20%)

Primary efficacy endpoint[28]*

Change in 6MWT distance from baseline to week 24.

*Secondary endpoints included: change in patient global assessment, change in NYHA functional class, change in 6MWT (from baseline to weeks 6, 12, 36 and 52), change in fatigue score, change in Kansas City Cardiomyopathy Questionnaire, change in European Quality of Life 5D (EQ-5D) questionnaire, time to first hospitalization due to worsening HF, and rates of any hospitalization.[28]

6MWT=6-minute walk test, which is also referred to as the 6-minute walk distance (6MWD); LVEF=left ventricular ejection fraction.

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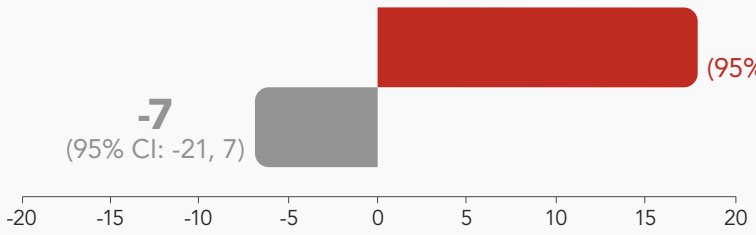
INJECTAFER SIGNIFICANTLY IMPROVED 6-MINUTE WALK TEST (6MWT)[1,13]

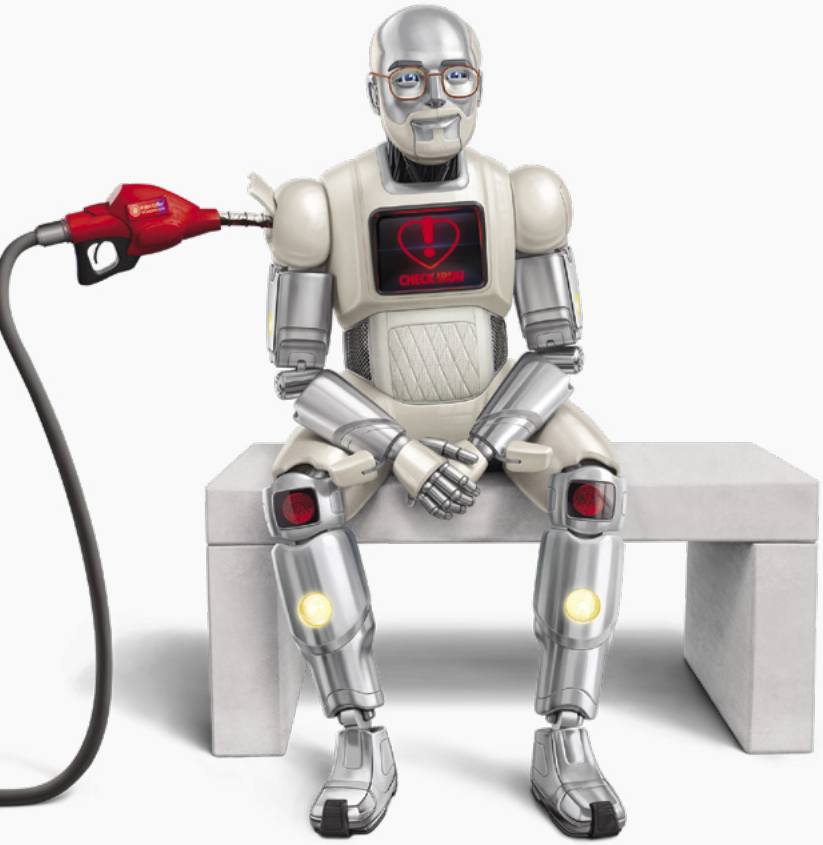
Improvements in 6MWT at 24 weeks[1,13]



Changes in 6MWT distance from baseline (meters): mean (SD)

25 m
(~82 ft) difference in 6MWT was seen with Injectafer vs placebo (95% CI: 7, 43) *P*=0.007[1]

Injectafer Placebo



Increases in ferritin, TSAT, and Hb at week 24[1]

- At baseline, mean (SD) **ferritin** was 57 ng/mL (45). Change from baseline to week 24 in ferritin was **269 ng/mL** (229, 309)
- At baseline, mean (SD) **TSAT** was 19% (13.7). Change from baseline to week 24 in TSAT was **9%** (7, 11)
- At baseline, mean (SD) **Hb** was 12 g/dL (1.4). Change from baseline to week 24 in Hb was **0.6 g/dL** (0.3, 0.8)

CI=confidence interval; SD=standard deviation.

SELECTED SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONT'D)

Hypersensitivity Reactions (cont'd)

In clinical trials, serious anaphylactic/anaphylactoid reactions were reported in 0.1% (2/1775) of subjects receiving Injectafer. Other serious or severe adverse reactions potentially associated with hypersensitivity which included, but were not limited to, pruritus, rash, urticaria, wheezing, or hypotension were reported in 1.5% (26/1775) of these subjects.

Hypertension

In clinical studies, hypertension was reported in 4% (67/1775) of subjects in clinical trials 1 and 2. Transient elevations in systolic blood pressure, sometimes occurring with facial flushing, dizziness, or nausea were observed in 6% (106/1775) of subjects in these two clinical trials.

SAFETY PROFILE OF INJECTAFER ACROSS THE IRON DEFICIENCY AND HEART FAILURE CLINICAL TRIALS

In clinical trials evaluating Injectafer in adult patients with iron deficiency and heart failure (1016 patients received Injectafer vs 857 received placebo), the overall safety was consistent across the studied indications.[1]

Adverse events (AE) in CONFIRM-HF[28]

Safety endpoint or event	Injectafer (n=152) n (%) events	Placebo (n=152) n (%) events
Subject with at least one drug-related AE	14 (9.2) 24	5 (3.3) 7
General disorders and administration site conditions	9 (5.9) 9	2 (1.3) 2
Skin and subcutaneous tissue disorders	4 (2.6) 4	0 (0.0) 0
Nervous system disorders	2 (1.3) 3	1 (0.7) 1
Gastrointestinal disorders	2 (1.3) 3	0 (0.0) 0
Vascular disorders	1 (0.7) 2	1 (0.7) 1
Investigations	1 (0.7) 1	2 (1.3) 2
Ear and labyrinth disorders	1 (0.7) 1	0 (0.0) 0
Injury, poisoning and procedural complications	1 (0.7) 1	0 (0.0) 0
Cardiac disorders	0 (0.0) 0	1 (0.7) 1

%=percentage of above in the total number of subjects in the group; events=total number of events; n=number of subjects experiencing at least one time the considered event.

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RECOMMENDED WEIGHT-BASED DOSING FOR ADULT PATIENTS WITH IRON DEFICIENCY AND HF[1]

After determining your adult patients with HF and NYHA class II/III have iron deficiency, calculate the total iron needed using the dosing tables below[1]

Initial dose is based on Hb at baseline

Patients with lower Hb at baseline may require a week 6 dose

Reassess iron parameters at week 12. Maintenance dosing is recommended if iron deficiency is still present

DAY 1

Hb (g/dL)	Patient body weight <70 kg or ≥70 kg
≤14	1000 mg
>14*	500 mg

*There are no data available to guide Injectafer dosing in patients with Hb ≥15.

WEEK 6†

Hb (g/dL)	Patient body weight <70 kg	≥70 kg
<10	500 mg	1000 mg
≥10*	—	500 mg

*There are no data available to guide Injectafer dosing in patients with Hb ≥15.
†No week 6 dose is needed for patients with a Hb (g/dL) >14.

WEEK 12, 24, AND 36‡

Administer a maintenance dose of 500 mg, if serum ferritin <100 ng/mL or serum ferritin 100 ng/mL to 300 ng/mL with TSAT <20%

‡There are no data available to guide Injectafer dosing past 36 weeks.

For your adult and pediatric patients 1 year of age and older with IDA who have either intolerance or an unsatisfactory response to oral iron, continue to use 2 doses of 750 mg separated by at least 7 days[1§‖¶]

A majority of patients with HF received 1500 mg or more of Injectafer[1,28]

In the Injectafer pivotal trials for the treatment of IDA, a fixed-dose regimen of 1500 mg was used.[1] In CONFIRM-HF (a trial specific to iron deficiency treatment in certain HF patients), the mean and median total dose was **1500 mg** (with a dosing range of 500 mg-3500 mg iron).[28]

Not actual size.

§For patients weighing less than 50 kg (110 lb), the recommended dosage is Injectafer 15 mg/kg body weight intravenously in 2 doses separated by at least 7 days per course.[1]
‖When administered via infusion, dilute up to 750 mg of iron in no more than 250 mL of sterile 0.9% sodium chloride injection, USP, such that the concentration of the infusion is not <2 mg of iron per mL, and administer over at least 15 minutes. When administering Injectafer 500 mg or 750 mg as a slow IV push, give at the rate of approximately 100 mg (2 mL) per minute.[1,13]
¶Injectafer is a first-line treatment for adult patients with IDA who have non-dialysis dependent chronic kidney disease.[1]

Injectafer is the only high-dose IV iron with options for administration[1-6]

up to 250 mL diluted for IV infusion[1]

OR

as a **slow IV push** (refer to the Full Prescribing Information for details)[1]

SELECTED SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONT'D)

Hypertension (cont'd)

These elevations generally occurred immediately after dosing and resolved within 30 minutes. Monitor patients for signs and symptoms of hypertension following each Injectafer administration.

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ARE YOU SCREENING PATIENTS LIKE THESE FOR IRON DEFICIENCY?

Sandra | 67

MEDICARE PATIENT, IRON DEFICIENCY AND HF

Medical history

- 67-year-old female patient on Medicare
- 3-year history of HF due to drug-induced dilated cardiomyopathy secondary to chemotherapy
- Atrial fibrillation
- Breast cancer, treated 5 years ago with CAF (cyclophosphamide, Adriamycin, fluorouracil)

Clinical presentation

- Increasing fatigue and heart palpitations[23]
- Daily activities, such as walking and climbing stairs, are more difficult[29]
- Asks her family members for help more often, and she feels anxious about the amount of caretaking she requires
- LVEF: 33%
- NYHA functional class III
- BMI: 23
- Oral medications:
  - Sacubitril/valsartan 97/103 mg BID
  - Metoprolol succinate 100 mg daily
  - Furosemide 80 mg daily
  - Empagliflozin 10 mg daily
  - Apixaban 5 mg BID
  - Tamoxifen 20 mg BID

Note: Patient depicted is fictional and for illustrative purposes only.

BID=2 times a day; BMI=body mass index.

SELECTED SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONT'D)

Laboratory Test Alterations

In the 24 hours following administration of Injectafer, laboratory assays may overestimate serum iron and transferrin bound iron by also measuring the iron in Injectafer.

SANDRA: EXERCISE CAPACITY JEOPARDIZED BY DELAYED DIAGNOSIS OF IRON DEFICIENCY

Initial testing

- Repeat cardiac diagnostic workup electrocardiogram and echocardiogram
- Oncology follow-up lab tests and imaging
- Diagnostic workup yielded no new findings

Sandra was not started on oral iron as oral iron therapy was not proven to be effective in iron repletion and did not improve exercise capacity for the treatment of iron deficiency in patients with HF. Instead, she was started on Injectafer.[7,27]

Follow-up diagnostic workup for iron deficiency

- Diagnostic workup was delayed due to a complicated medical history
- 6MWT: 304 meters (997 feet)
- Folate, vitamin B12: normal
- Ferritin: 35 ng/mL
- TSAT: 12%
- Hb: 13.1 g/dL
- Hematocrit (HCT): 38%
- Mean corpuscular volume (MCV): 75 fL
- Mean corpuscular hemoglobin (MCH): 26 pg
- Serum iron: 50 mcg/dL

Sandra's 2-month follow-up on Injectafer

- 6MWT: 322 meters (1056 feet)
- Laboratory tests:
  - Ferritin: 312 ng/mL
  - TSAT: 29%
  - Hb: 14.0 g/dL
  - HCT: 40%
  - MCV: 86 fL
  - MCH: 30 pg
  - Serum iron: 110 mcg/dL

Normal lab values for reference[30-32]

- Ferritin: 20 ng/mL-200 ng/mL (females)
- TSAT: 20%-50%
- Hb: 12 g/dL-15.5 g/dL
- HCT: 36%-47% (females)
- MCV: 80 fL-100 fL
- MCH: 28 pg-32 pg
- Serum iron: 35 mcg/dL-145 mcg/dL (females)

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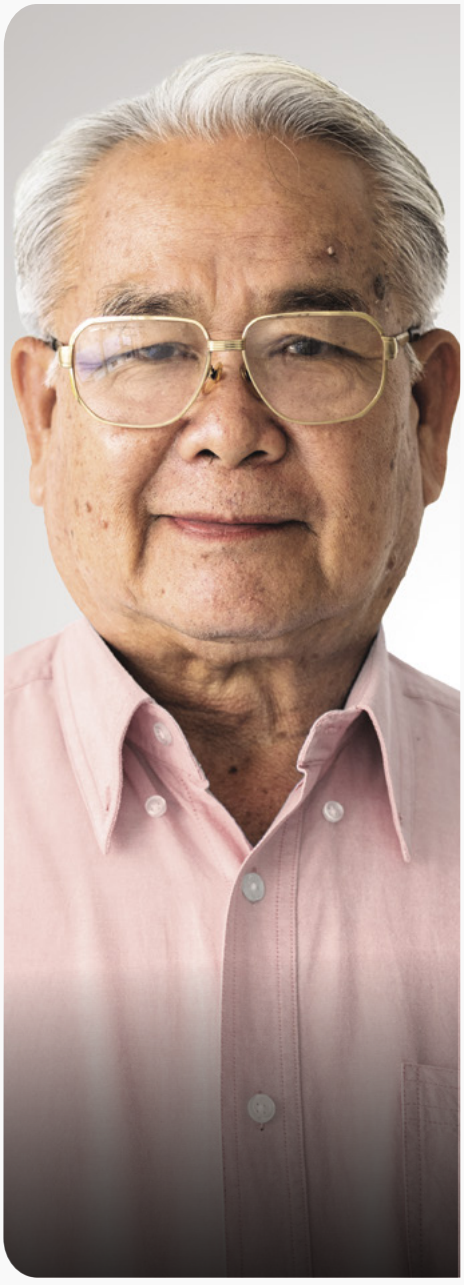
DAVID: EXERCISE CAPACITY CONTINUES TO DETERIORATE AS HIS NDD-CKD COMPLICATES HIS PROGNOSIS



David | 75

MEDICARE PATIENT, IRON DEFICIENCY, HF, AND NDD-CKD

In addition to iron deficiency, patients with HF may have multiple comorbidities.[11,12] This is true for David. Complicating this further, HF and iron deficiency can share similar symptoms such as dyspnea, fatigue, and heart palpitations.[22-24]

Medical history

- 75-year-old male patient on Medicare
- History of CAD, hypertension, and NDD-CKD

Clinical presentation

- David has been hospitalized 2 times for HF in the past year
- His dyspnea and edema frequently get in the way of his ability to complete chores[22-24, 29]
- Takes naps daily, but his breathing worsens when lying down[22-24, 29]
- LVEF: 40%
- NYHA functional class III
- BMI: 34
- Oral medications:
  - Torsemide 60 mg daily
  - Spironolactone 25 mg daily
  - Metoprolol succinate 200 mg daily
  - Atorvastatin 40 mg daily
  - Dapagliflozin 10 mg daily
  - Sacubitril/valsartan 49/51 mg BID
  - Aspirin 81 mg daily

Note: Patient depicted is fictional and for illustrative purposes only.

CAD=coronary artery disease; NDD-CKD=non-dialysis dependent chronic kidney disease.

SELECTED SAFETY INFORMATION

ADVERSE REACTIONS

Adults

In two randomized clinical studies [Studies 1 and 2], a total of 1775 patients were exposed to Injectafer, 15 mg/kg of body weight, up to a maximum single dose of 750 mg of iron on two occasions, separated by at least 7 days, up to a cumulative dose of 1500 mg of iron. Adverse reactions reported by >2% of Injectafer-treated patients were nausea (7.2%); hypertension (4%); flushing (4%); injection site reactions (3%); erythema (3%); hypophosphatemia (2.1%); and dizziness (2.1%).

Diagnostic workup for anemia and iron deficiency

- 6MWT: 288 meters (944 feet)
- Ferritin: 35 ng/mL
- TSAT: 17%
- Hb: 13 g/dL
- MCV: 70 fL
- MCH: 26 pg
- Serum iron: 66 mcg/dL
- Gastrointestinal workup including endoscopy and colonoscopy yielded no new findings

Normal lab values for reference[30-32]

- 40 ng/mL-300ng/mL (males)
- TSAT: 20%-50%
- Hb:13.5 g/dL-17.5 g/dL (males)
- MCV: 80 fL-100 fL
- MCH: 28 pg-32 pg
- Serum iron: 50 mcg/dL-150 mcg/dL (males)

David was not started on oral iron as oral iron therapy was not proven to be effective in iron repletion and did not improve exercise capacity for the treatment of iron deficiency in patients with HF. Instead, he was started on Injectafer.[7,27]

David's 2-month follow-up on Injectafer

- 6MWT: 306 meters (1003 feet)
- Laboratory tests:
  - Ferritin: 255 ng/mL
  - TSAT: 26%
  - Hb: 13.8 g/dL
  - MCV: 98 fL
  - MCH: 29 pg
  - Serum iron: 98 mcg/dL

Click here to see accompanying Full Prescribing Information and see Important Safety Information throughout.

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INJECTAFER IS THE IV IRON THAT OFFERS MORE

The first and only
FDA-approved IV iron to treat iron deficiency (ID) in appropriate adult patients with HF[1-6]

Most-studied IV iron treatment
with more than 40 clinical trials and >8800 patients treated worldwide[13*]

Approved in 86 countries
since its initial EU approval in 2007[13†]

#1 IV iron treatment
in worldwide sales[13‡]

More than 24 million patient-years
in postmarketing treatment experience worldwide[13†]

#1 IV iron treatment by volume
among oncologists and gastroenterologists[13§‖]

Over 3 million patients
in the United States have been treated with Injectafer[13¶]

The first and only
high-dose IV iron approved for pediatric patients[1-6]

CELEBRATING 10 YEARS OF FUELING UP

Over a decade
on the market[1]

For more information about Injectafer, please visit injectaferhcp.com

*Source: Trialtrove®, Mar 2021.[13]
†Source: Periodic safety update report (PSUR), Feb 2023.[13]
‡Source: CSL European Investor Site Tour Presentations (Mar 2023).[13]
§Source: Symphony Health Solutions PHAST Non-Retail Dec 2019-Nov-2020 (MAT Nov 2020).[13]
‖Source: IQVIA IV Iron Landscape (Dx and CDM Data-Jul-Oct 2020).[13]
¶Source: SHS claims data launch to Aug 2024.[13]
EU=European Union.

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Click here to see accompanying Full Prescribing Information and see Important Safety Information throughout.

injectafer®
ferric carboxymaltose injection

IMPORTANT SAFETY INFORMATION

INDICATIONS

Injectafer® (ferric carboxymaltose injection) is indicated for the treatment of iron deficiency anemia (IDA) in adult and pediatric patients 1 year of age and older who have either intolerance or an unsatisfactory response to oral iron, and in adult patients who have non-dialysis dependent chronic kidney disease. Injectafer is also indicated for iron deficiency in adult patients with heart failure and New York Heart Association class II/III to improve exercise capacity.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Injectafer is contraindicated in patients with hypersensitivity to Injectafer or any of its inactive components.

WARNINGS AND PRECAUTIONS

Symptomatic Hypophosphatemia

Symptomatic hypophosphatemia with serious outcomes including osteomalacia and fractures requiring clinical intervention has been reported in patients treated with Injectafer in the post-marketing setting. These cases have occurred mostly after repeated exposure to Injectafer in patients with no reported history of renal impairment. However, symptomatic hypophosphatemia has been reported after one dose. Possible risk factors for hypophosphatemia include a history of gastrointestinal disorders associated with malabsorption of fat-soluble vitamins or phosphate, inflammatory bowel disease, concurrent or prior use of medications that affect proximal renal tubular function, hyperparathyroidism, vitamin D deficiency, malnutrition, and hereditary hemorrhagic telangiectasia (HHT or Osler-Weber-Rendu syndrome). In most cases, hypophosphatemia resolved within three months.

Correct pre-existing hypophosphatemia prior to initiating therapy with Injectafer. Monitor serum phosphate levels in patients at risk for chronic low serum phosphate. Check serum phosphate levels prior to a repeat course of treatment in patients at risk for low serum phosphate and in any patient who receives a second course of therapy within three months. Treat hypophosphatemia as medically indicated.

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylactic-type reactions, some of which have been life-threatening and fatal, have been reported in patients receiving Injectafer. 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 Injectafer administration for at least 30 minutes and until clinically stable following completion of the infusion. Only administer Injectafer when personnel and therapies are immediately available for the treatment of serious hypersensitivity reactions. In clinical trials, serious anaphylactic/anaphylactoid reactions were reported in 0.1% (2/1775) of subjects receiving Injectafer. Other serious or severe adverse reactions potentially associated with hypersensitivity which included, but were not limited to, pruritus, rash, urticaria, wheezing, or hypotension were reported in 1.5% (26/1775) of these subjects.

Hypertension

In clinical studies, hypertension was reported in 4% (67/1775) of subjects in clinical trials 1 and 2. Transient elevations in systolic blood pressure, sometimes occurring with facial flushing, dizziness, or nausea were observed in 6% (106/1775) of subjects in these two clinical trials. These elevations generally occurred immediately after dosing and resolved within 30 minutes. Monitor patients for signs and symptoms of hypertension following each Injectafer administration.

Laboratory Test Alterations

In the 24 hours following administration of Injectafer, laboratory assays may overestimate serum iron and transferrin bound iron by also measuring the iron in Injectafer.

ADVERSE REACTIONS

Adults

In two randomized clinical studies [Studies 1 and 2], a total of 1775 patients were exposed to Injectafer, 15 mg/kg of body weight, up to a maximum single dose of 750 mg of iron on two occasions, separated by at least 7 days, up to a cumulative dose of 1500 mg of iron. Adverse reactions reported by >2% of Injectafer-treated patients were nausea (7.2%); hypertension (4%); flushing (4%); injection site reactions (3%); erythema (3%); hypophosphatemia (2.1%); and dizziness (2.1%).

Pediatric

The safety of Injectafer in pediatric patients was evaluated in Study 3. Study 3 was a randomized, active-controlled study in which 40 patients (1 to 12 years of age: 10 patients, 12 to 17 years of age: 30 patients) received Injectafer 15 mg/kg to a maximum single dose of 750 mg (whichever was smaller) on Days 0 and 7 for a maximum total dose of 1500 mg; 38 patients evaluable for safety in the control arm received an age-dependent formulation of oral ferrous sulfate for 28 days. The median age of patients who received Injectafer was 14.5 years (range, 1-17); 83% were female; 88% White and 13% Black. The most common adverse reactions (≥4%) were hypophosphatemia (13%), injection site reactions (8%), rash (8%), headache (5%), and vomiting (5%).

Patients with Iron Deficiency and Heart Failure

The safety of Injectafer was evaluated in adult patients with iron deficiency and heart failure in randomized controlled trials FAIR-HF (NCT00520780), CONFIRM-HF (NCT01453608) and AFFIRM-AHF (NCT02937454) in which 1016 patients received Injectafer versus 857 received placebo. The overall safety profile of Injectafer was consistent across the studied indications.

Post-Marketing Experience

The following adverse reactions have been identified during post approval use of Injectafer. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

The following adverse reactions have been reported from the post-marketing spontaneous reports with Injectafer: *cardiac disorders*: tachycardia; *general disorders and administration site conditions*: chest discomfort, chills, pyrexia; *metabolism and nutrition disorders*: hypophosphatemia; *musculoskeletal and connective tissue disorders*: arthralgia, back pain, hypophosphatemic osteomalacia; *nervous system disorders*: syncope; *respiratory, thoracic and mediastinal disorders*: dyspnea; *skin and subcutaneous tissue disorders*: angioedema, erythema, pruritus, urticaria; *pregnancy*: fetal bradycardia.

CLINICAL CONSIDERATIONS IN PREGNANCY

Untreated IDA in pregnancy is associated with adverse maternal outcomes such as postpartum anemia. Adverse pregnancy outcomes associated with IDA include increased risk for preterm delivery and low birth weight.

Severe adverse reactions including circulatory failure (severe hypotension, shock including in the context of anaphylactic reaction) may occur in pregnant women with parenteral iron products (such as Injectafer) which may cause fetal bradycardia, especially during the second and third trimester.

You are encouraged to report Adverse Drug Events to American Regent, Inc. at 1-800-734-9236 or to the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.

Click here to see accompanying Full Prescribing Information and see Important Safety Information throughout.

injectafer® ferric carboxymaltose injection

CHOOSE INJECTAFER TO TREAT
IRON DEFICIENCY IN ADULT PATIENTS WITH HF AND NYHA CLASS II/III[1]

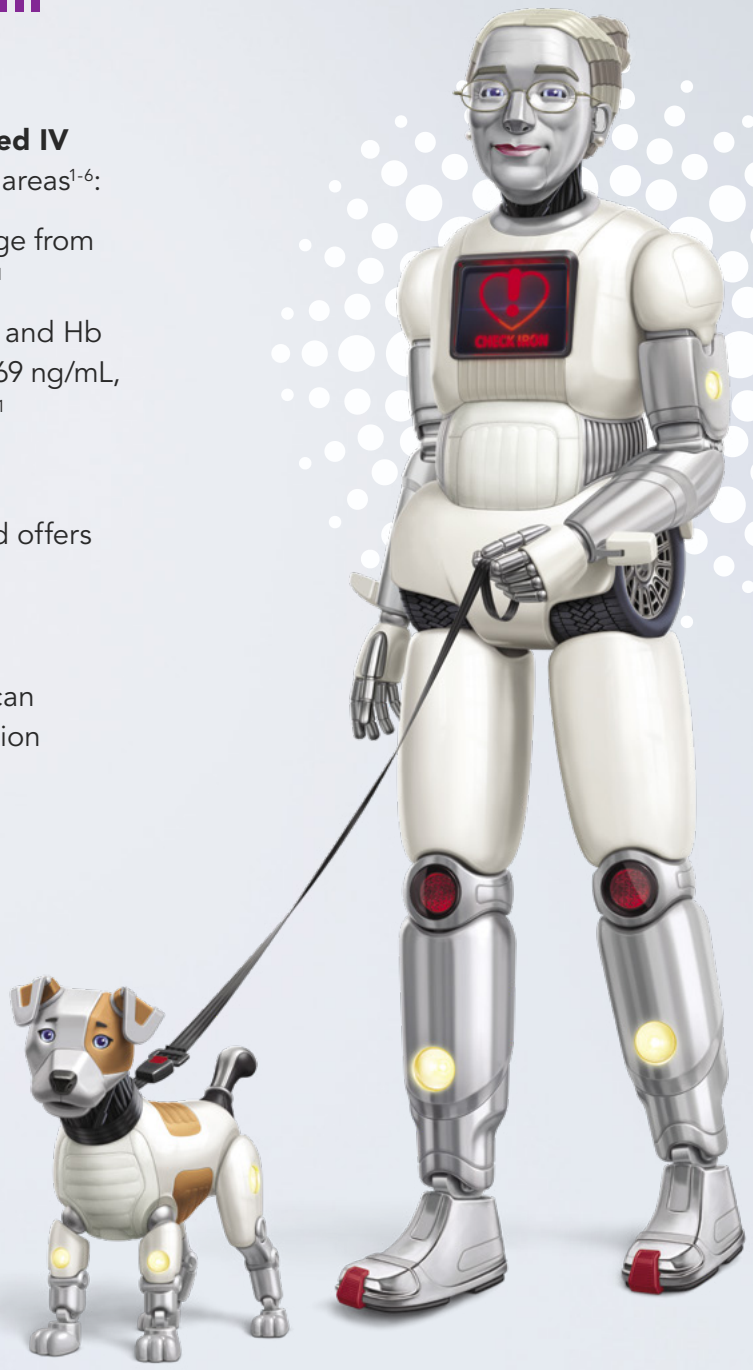
Data
Injectafer is the **first and only FDA-approved IV iron** to demonstrate improvements in 2 key areas[1-6]:

- **Exercise capacity:** improved 6MWT (change from baseline and placebo) at 24 weeks by 25 m[1]
- **Iron parameters:** improved ferritin, TSAT, and Hb (change vs placebo and from baseline) by 269 ng/mL, 9%, and 0.6 g/dL, respectively, at week 24[1]

Dose
Injectafer provides weight-based dosing and offers maintenance dosing beyond 6 weeks[1]

Delivery
Injectafer is the only high-dose IV iron that can be administered intravenously through infusion or as an undiluted slow IV push[1-6]

Dilution
Injectafer can be given up to 250 mL diluted for IV infusion or as a slow IV push (refer to the Full Prescribing Information for details)[1]



Scan the QR code or click here to learn more about Injectafer

SELECTED SAFETY INFORMATION
CONTRAINDICATIONS
Injectafer is contraindicated in patients with hypersensitivity to Injectafer or any of its inactive components.

Click here to see accompanying Full Prescribing Information and see Important Safety Information throughout.