

How does Ferinject®

## make a difference?

Effective restoration of iron levels<sup>1,9-32</sup>

Proven data for efficacy and tolerability<sup>1,9-32</sup>

- Extensively studied in 26 interventional studies, published in peer-reviewed journals
- Market exposure estimated to > 2,200,000 patient years\*

Rapid repletion of iron stores<sup>9</sup>

- More efficient repletion of iron stores with Ferinject® than with oral iron
- Faster increase in Hb with Ferinject® than with oral iron

Fast administration<sup>1</sup>

- Administration of 1000 mg iron in 15 minutes

Meaningful benefits that make a difference to patients' lives

Chronic Heart Failure

- Significant improvements in exercise capacity, symptoms and quality of life were sustained over a one-year period (FAIR-HF study: Ferinject® vs placebo; CONFIRM-HF study: Ferinject® vs placebo)<sup>21,32</sup>

IBD (inflammatory bowel disease)

- Significant improvement in overall quality of life from baseline (FERGICor study: Ferinject® vs iron sucrose)<sup>24</sup>

Non-Dialysis Chronic Kidney Disease

- Significant reduction in the requirement for additional anaemia management, such as blood transfusion or ESA therapy over a one-year period (FIND-CKD study: Ferinject® vs oral iron)<sup>20</sup>

Women's Health

- Significant reduction in fatigue in non-anaemic women (PREFER study: Ferinject® vs placebo)<sup>10</sup>

\*Data on file: covers the period from international birth date to 31 December 2014



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## Their world awaits

How does Ferinject® help  
patients get back to what matters?

Ferinject® is indicated for treatment of iron deficiency when oral iron preparations are ineffective or cannot be used. The diagnosis must be based on laboratory tests.<sup>1</sup>

References: 1. Ferinject® Summary of Product Characteristics. 2. Quinibi WY. *Arzneimittelforschung*. 2010; 60(6a): 399-412. 3. Evstatiev R and Gasche C. *Gut*. 2012; 61(6): 933-52. 4. Patterson AJ et al. *J Am Coll Nutr*. 2001; 20(4): 337-42. 5. Brownlie T et al. *Am J Clin Nutr*. 2004; 79(3): 437-43. 6. Bruner AB et al. *Lancet*. 1996; 348(9033): 992-6. 7. Agarwal R. *Am J Nephrol*. 2007; 27(6): 565-71. 8. Verdon F et al. *BMJ*. 2003; 326(7399): 1124. 9. Quinibi WY et al. *Nephrol Dial Transplant*. 2011; 26(5): 1599-607. 10. Favrat B et al. *PLoS One*. 2014; 9(4): e94217. doi: 10.1371/journal.pone.0094217. eCollection 2014. 11. Breyman C et al. *Int J Gynaecol Obstet*. 2008; 101(1): 67-73. 12. Van Wyck DB et al. *Obstet Gynecol*. 2007; 110(2 Pt 1): 267-78. 13. Van Wyck DB et al. *Transfusion*. 2009; 49(12): 2719-28. 14. Seid MH et al. *Am J Obstet Gynecol*. 2008; 199(4): 435.e1-7. 15. Beshara S et al. *Br J Haematol*. 2003; 120(5): 853-9. 16. Covic A and Mircescu G. *Nephrol Dial Transplant*. 2010; 25(8): 2722-30. 17. Bailie GR et al. *Hemodial Int*. 2010; 14(1): 47-54. 18. Charytan C et al. *Nephrol Dial Transplant*. 2013; 28(4): 953-64. 19. Onken JE et al. *Nephrol Dial Transplant*. 2014; 29(4): 833-42. 20. Macdougall IC et al. *Nephrol Dial Transplant*. 2014. pii: gfu201. [Epub ahead of print]. 21. Anker SD et al. *NEJM*. 2009; 361(25): 2436-48. 22. Geisser P and Rumyantsev V. *Arzneimittelforschung*. 2010; 60(6a): 373-85. 23. Kulnigg S et al. *Am J Gastroenterol*. 2008; 103(5): 1182-92. 24. Evstatiev R et al. *Gastroenterology*. 2011; 141(3): 846-53.e1-2. 25. Evstatiev R et al. *Clin Gastroenterol Hepatol*. 2013; 11(3): 269-77. 26. Kulnigg-Dabsch S et al. *Inflamm Bowel Dis*. 2013; 19(8): 1609-16. 27. Allen RP et al. *Sleep Med*. 2011; 12(9): 906-13. 28. Geisser P et al. *Arzneimittelforschung*. 2010; 60(6a): 362-72. 29. Barish CF et al. *Anemia*. 2012; 2012: 172104. Epub 2012 Sep 10. 30. Hussain I et al. *Anemia*. 2013; 2013: 169107. Epub 2013 Aug 29. 31. Onken JR et al. *Transfusion*. 2014; 54(2): 306-15. 32. Ponikowski P et al. *Eur Heart J*. 2014 Aug 31. pii: ehu385. [Epub ahead of print].

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## Iron deficiency can change a patient's world...

Iron deficiency / iron deficiency anaemia (ID / IDA) can be caused by blood loss, chronic inflammation, malabsorption and malnutrition<sup>2</sup>

Impact of ID / IDA on a patient's life:

Affects key organ function:<sup>3</sup>

- Potentially leading to lasting complications

Causes fatigue and exhaustion:<sup>4,8</sup>

- Significant physical, emotional and social consequences



Impacts overall health and wellbeing:<sup>4</sup>

- Physiological effects go beyond fatigue

Increases symptomatic burden:<sup>4-7</sup>

- Impaired physical performance
- Reduced cognitive function and failure to concentrate
- Cold intolerance

## With Ferinject® Their world awaits



Reduction in fatigue<sup>10</sup>

Improvement in exercise capacity<sup>21,32</sup>

Improvement in quality of life<sup>24</sup>

Reduction in requirement for further medical intervention<sup>20</sup>

Established benefit-risk profile<sup>20,32</sup>

Improved compliance vs standard treatment<sup>23,24</sup>

## What are the tolerability considerations with Ferinject®?

Ferinject® has an established benefit-risk profile

- 26 interventional studies, published in peer-reviewed journals<sup>1,9-32</sup>
- > 2,200,000 patient years' experience in post-marketing setting\*
- Undesirable effects occur in <10% of Ferinject® subjects<sup>1</sup>
- Majority of undesirable effects have frequencies <1%<sup>1</sup>
- Anaphylactoid reactions occur in <0.1% of Ferinject® subjects<sup>1</sup>
- Recent studies with a one-year follow-up confirm the established benefit-risk profile<sup>20,32</sup>

How is Ferinject®

## administered?

Effective recovery from ID / IDA, made convenient and manageable<sup>1</sup>

Ferinject® cumulative dosing based on Hb-value and body weight:<sup>1</sup>

Hb (g/dl)	Body weight 35 kg to <70 kg	Body weight ≥70 kg
<10	1500 mg iron	2000 mg iron
10<14	1000 mg iron	1500 mg iron
≥14	500 mg iron	500 mg iron

Ability to administer 1000 mg of iron in 15 minutes as a maximum daily dose<sup>1</sup>

- 1000 mg of Ferinject® can be given up to once a week

\*Data on file: covers the period from international birth date to 31 December 2014

