1-800-992-9022 1-833-888-8837 monoferric-patient-solutions.com

MonoFerric Patient Solutions®

FAX REFERRAL FORM

Referring Physician

Name: _____

Phone: _____

Fax: _____

Dear Doctor/Medical office:

We are referring our patient to you for administration of Monoferric® (ferric derisomaltose) injection as follows:

Patient Weight (kg): _____

Monoferric is an iron replacement product 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

Dosing: ☐ 1,000 mg (patient weighs 50 kg or more) ☐ 20 mg/kg actual body weight (patient weighs less than 50 kg)

PLEASE NOTE: Included is a copy of the patient's insurance information and current lab values with this fax.

STEP 1 Patient Information

First Name: _____ Last Name: _____ Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ ☐ Cell ☐ Home

Primary Insurance Name: _____ Insurance Phone: (_____) _____ - _____

Secondary Insurance Name: _____ Insurance Phone: (_____) _____ - _____

STEP 2 Diagnosis Coding

Monoferric has a product-specific J code: **J1437** | National Drug Code (NDC): **73594-9310-1**

ICD-10-CM Code: _____ | Secondary ICD-10-CM Code for Underlying Condition: _____

Please note: Appropriate primary ICD-10-CM code for IDA, as well as a secondary ICD-10-CM code for underlying condition causing IDA should be provided to support an on-label diagnosis for Monoferric.

Healthcare Professional / Office Contact Name (please print)*†: _____

SIGN & DATE

Office Contact Signature: _____ **Date:** _____ / _____ / _____

*Examples include Prescriber, Nurse, Pharmacist, Physician Assistant, Reimbursement Counselor, Account Manager, and Authorized Office Personnel.

†The referring center is recommending Monoferric based on the patient work up, and it is recommended that the treating physician confirm Monoferric is the appropriate therapy prior to treating this patient.

To be completed by the infusion center:

Infusion Confirmation: Please fax back confirmation of their infusion(s).

Patient Name: _____ Date of Infusion (MM/DD/YYYY): _____ / _____ / _____

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 ≥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 click here for Full Prescribing Information.

MonoFerric Patient Solutions®

PHARMACOSMOS THERAPEUTICS

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Morristown, NJ 07960

US-FDI-2200035

MonoFerric® (ferric derisomaltose) injection