

# MONOFERRIC PATIENT SOLUTIONS® (MPS) PROGRAM

## Rapid Response, Customized Solutions

Services offered through the MPS Program include insurance coverage and reimbursement information, the patient assistance program, copay assistance, and more

**Sample MonoFerric® (ferric derisomaltose)  
Patient That May Qualify for Patient Services**  
Diagnosed with Iron Deficiency Anemia (IDA):

Patient who has intolerance to oral iron or has had unsatisfactory response to oral iron

OR

Patient who has non-hemodialysis chronic kidney disease (NDD-CKD)

To learn more, call **1-800-992-9022** or visit  
[monoferric-patient-solutions.com](https://www.monoferric-patient-solutions.com)



## INDICATIONS

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 throughout and full [Prescribing Information](#).**



## About Monofer<sup>®</sup> (ferric derisomaltose) injection

Monofer provides a single, rapid infusion and is administered by intravenous infusion over at least 20 minutes as a single dose.

### Dosing

- For patients weighing 50 kg or more: Administer 1000 mg of Monofer as an intravenous infusion
- For patients weighing less than 50 kg: Administer Monofer as 20 mg/kg actual body weight as an intravenous infusion
- Repeat Monofer treatment if iron deficiency anemia reoccurs
- Monitor patients for signs and symptoms of hypersensitivity during and after Monofer administration for at least 30 minutes and until clinically stable following completion of the infusion

## IMPORTANT SAFETY INFORMATION (cont'd)

### 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 Monofer. 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 Monofer administration for at least 30 minutes and until clinically stable following completion of the infusion. Only administer Monofer when personnel and therapies are immediately available for the treatment of serious hypersensitivity reactions.

**Please see additional Important Safety Information throughout and full [Prescribing Information](#).**

# MonoferriC Patient Solutions® Program

**MPS is committed to providing a seamless access journey to patients and healthcare providers**

**Live representatives are available to support patients, caregivers, and healthcare providers through the various MPS offerings:**

- |   |   |
|---|---|
| ✓ Benefits verification                             | ✓ Prior authorization assistance  |
| ✓ Claims and appeals assistance                     | ✓ Financial assistance  |
| ✓ Sample letters of appeal and/or medical necessity | ✓ In-person support for providers' offices by providing access to a local field reimbursement manager |



To learn more about this support program,  
or to enroll your patient, please call **1-800-992-9022**

## **IMPORTANT SAFETY INFORMATION (cont'd)**

### **WARNINGS AND PRECAUTIONS (cont'd)**

#### **Hypersensitivity Reactions (cont'd)**

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.

**Please see additional Important Safety Information throughout and full [Prescribing Information](#).**

## **How to enroll in any of the available support services (Reimbursement, Patient Assistance Program, Copay):**

Enrollment form options:

- You may enroll your patient online via the portal [monoferriCpatientsolutionsportal.com](https://monoferriCpatientsolutionsportal.com)
- You may also visit [monoferriC-patient-solutions.com](https://monoferriC-patient-solutions.com) to download the editable form, complete the required fields, and fax to **1-833-888-8837**

MPS may contact you and/or your patient for additional information in order to initiate next steps.

# Monofer<sup>®</sup> Patient Solutions<sup>®</sup> Patient Assistance Program

## Manageable Requirements to Facilitate Access

### Eligibility Criteria:

- ✓ Fall within the income guidelines\*
- ✓ Uninsured or underinsured (patients with claims covered, paid or reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs are not eligible for this program)
- ✓ Must be 18 years or older
- ✓ Prescribed Monofer<sup>®</sup> for an on-label diagnosis
- ✓ Patient must be a resident of the United States (residency includes anyone who lives in one of the U.S. states, the District of Columbia, Puerto Rico, and U.S. Virgin Islands). Citizenship or legal status is not a requirement

\*Total household income is at or below 300% of the federal poverty level (FPL). Visit <https://aspe.hhs.gov/poverty-guidelines>, which lists the current FPL guidelines. Pharmacosmos Therapeutics Inc. and its authorized third-party agents will use the patient's date of birth or social security number and/or additional demographic information as needed to access credit information and information derived from public and other sources to estimate income in conjunction with the eligibility determination process. As a soft credit inquiry, this option will not impact credit scores. Pharmacosmos Therapeutics Inc. and its authorized third-party agents reserve the right to ask for additional documents and information at any time.

Note: Patients may retroactively qualify for assistance under the Patient Assistance Program if the patient's healthcare provider submits an explanation of benefits (EOB) statement from the patient's commercial insurance provider within 120 days of the date of service.

## IMPORTANT SAFETY INFORMATION (cont'd)

### WARNINGS AND PRECAUTIONS (cont'd)

#### 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 Monofer<sup>®</sup> to patients with iron overload.

**Please see additional Important Safety Information throughout and full [Prescribing Information](#).**

## TO LEARN MORE



[monofer-patient-solutions.com](https://monofer-patient-solutions.com)



1-800-992-9022



# MonoFerric Patient Solutions® Copay Assistance Program

Patients pay as little as \$0 per dose†



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

- ✓ Have commercial health insurance (ie, 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 provider in the United States or Puerto Rico
- ✓ Be 18 years of age or older
- ✓ Be prescribed MonoFerric for an on-label diagnosis



If a patient is eligible to participate:

- ✓ They will receive savings on out-of-pocket (OOP) expenses (ie, deductible, copay, or coinsurance obligations) for MonoFerric 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



To check eligibility for the MPS Copay Assistance Program, you may visit [monoferriccopay.com](https://monoferriccopay.com), call 1-800-475-4928, or check when enrolling your patient into MPS

†If IDA 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](https://monoferric-patient-solutions.com).

## IMPORTANT SAFETY INFORMATION (cont'd)

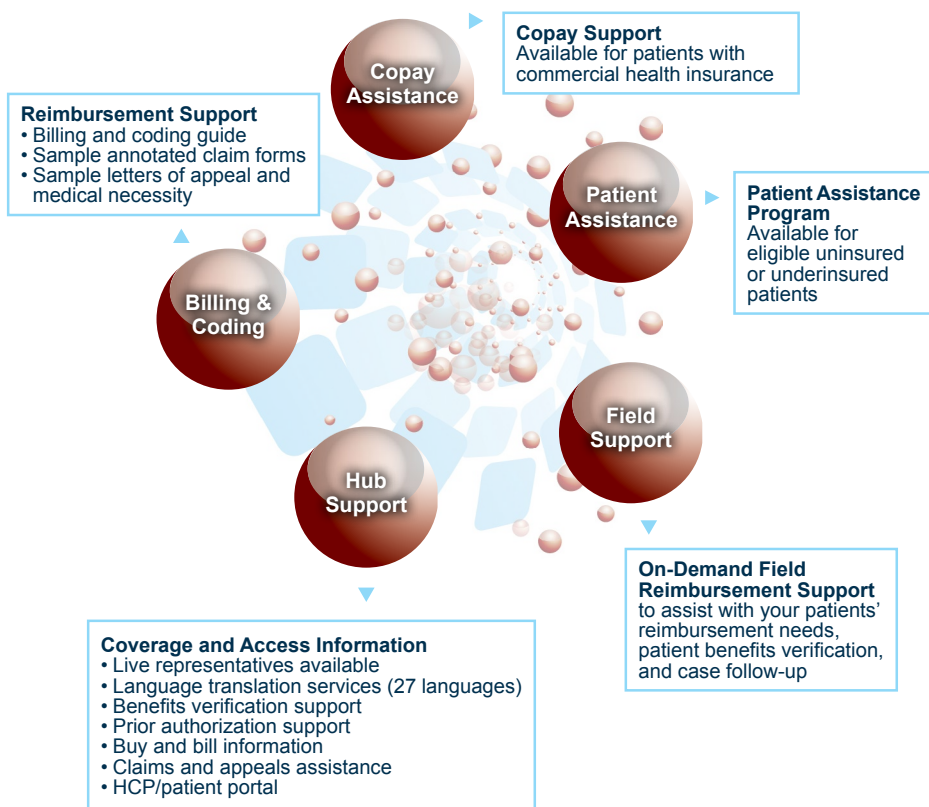
### ADVERSE REACTIONS

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.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

# MonoFerric Patient Solutions® Program Delivers Diverse Support to Address MonoFerric Treatment Needs

## Rapid Response, Customized Solutions



## IMPORTANT SAFETY INFORMATION (cont'd)

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

Please see full [Prescribing Information](#).



**PHARMACOSMOS**  
T H E R A P E U T I C S

 **MonoFerric**®  
(ferric derisomaltose)  
injection

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