PATIENT PACKAGE INSERT IN ACCORDANCE WITH THE PHARMACISTS' REGULATIONS (PREPARATIONS) – 1986
The medicine is dispensed with a doctor's prescription only

Ferinject dispersion for injection/infusion 50 MG/ML

The active ingredient and its concentration:
Each 10 ml of dispersion contains 500 mg iron (as 1800 mg ferric carboxymaltose)

For a list of the inactive and allergenic ingredients in the preparation - see Section 6.

Read the leaflet carefully in its entirety before using the medicine. This leaflet contains concise information about the medicine. If you have further questions, refer to the doctor or pharmacist.
This medicine has been prescribed to treat you. Do not pass it on to others. It may harm them even if it seems to you that their medical condition is similar.

1. WHAT IS THE MEDICINE INTENDED FOR?

For the treatment of iron deficiency when oral iron preparations are ineffective or cannot be used.
The diagnosis must be based on laboratory tests.

Therapeutic group: Iron, preparations for the treatment of anaemia

2. BEFORE USING THE MEDICINE:

X Do not use the medicine if:

- You are sensitive (allergic) to ferric carboxymaltose or to any of the other ingredients contained in the medicine (see Section 6).
- You have had a severe allergic reaction (hypersensitivity) to other injectable iron preparations.
- You have anaemia that is not caused by a shortage of iron.
- You have too much iron in your body or a problem in the way your body utilises iron.

Special warnings regarding use of the medicine
Before commencing the treatment with Ferinject, inform the doctor if you have:

- A history of sensitivity to medicines.
- Systemic lupus erythematosus.
- Rheumatoid arthritis.
- Severe asthma, eczema or other allergies.
- Any infections.
- Liver problems.
- Low levels of phosphate in the blood.

Incorrect administration of Ferinject may cause leakage of the substance at the administration site, which may lead to skin irritation and even long-lasting skin discolouration at the administration site. The administration must be stopped immediately when this occurs.

Children and adolescents
Do not administer to children under 14 years old.

Tests and follow-up
Your doctor will refer you for blood tests in order to work out the proper dosage of the medicine.

Drug interactions
If you are taking, or have recently taken, other medicines, including non-prescription medicines and nutritional supplements, tell the doctor or pharmacist. In particular if you are taking:

- Oral iron preparations, which may be less effective when given together with Ferinject.

Pregnancy, breastfeeding and fertility
Pregnancy - There is limited data from the use of Ferinject in pregnant women. It is important to inform your doctor if you are pregnant, think you may be pregnant, or are planning to have a baby.
If you become pregnant during treatment, consult your doctor. Your doctor will decide whether or not you may be given the medicine.
Breastfeeding - If you are breastfeeding, consult your doctor before you are given Ferinject. It is unlikely that Ferinject will pose a risk to the nursing child.

Driving and using machines
Ferinject is unlikely to impair the ability to drive or operate machines.

Important information about some of the ingredients of the medicine
The preparation contains 5.5 mg sodium (the main component of cooking/table salt) per ml of undiluted dispersion. This is equivalent to 0.3% of the recommended maximum daily dietary intake of sodium for an adult. This must be taken into account by patients on a sodium-controlled diet.

3. HOW SHOULD YOU USE THE MEDICINE?

Always use the preparation according to the doctor's instructions.
Check with the doctor or pharmacist if you are not sure about the dosage and treatment regimen of the preparation.
The dosage and treatment regimen will be determined by the doctor only.

The doctor or nurse will administer to you undiluted **Ferinject** by injection, during dialysis, or after dilution by infusion:

- By injection directly into the vein of up to 20 ml of Ferinject, corresponding to 1000 mg iron, once a week.
- During dialysis, Ferinject will be injected into the venous line of the dialysis machine.
- By infusion directly into the vein of up to 20 ml of Ferinject, corresponding to 1000 mg iron, once a week. Because Ferinject is diluted with sodium chloride solution, it may have a volume of up to 250 ml, and the solution will be brown in colour.

Ferinject will be administered in a clinic which can provide appropriate and immediate treatment for allergic reactions.
After each administration you must stay under medical observation for 30 minutes.
Do not exceed the recommended dose.

If you accidentally receive an overdose
As the medicine is given by trained medical staff, it is unlikely that you will be given too much of this medicine. Overdose may cause accumulation of iron in the body. The doctor will monitor iron parameters in order to avoid iron accumulation.

4. SIDE EFFECTS:

As with any medicine, use of Ferinject may cause side effects in some users. Do not be alarmed when reading the list of side effects. You may not suffer from any of them.

Severe side effects:
Inform the doctor immediately if you experience any of the following signs or symptoms that may indicate an allergic reaction:

- Rash (e.g., hives)
- Itching
- Difficulty breathing
- Wheezing
- Swelling of the lips, tongue, throat or body
- Chest pain that can be a sign of a severe allergic reaction called Kounis syndrome

In some patients (occurring in 1-10 users in 10,000), these allergic reactions may become severe or life-threatening (known as anaphylactic reactions) and can be associated with heart and circulation problems and loss of consciousness.
Tell your doctor if you develop worsening of tiredness, muscle or bone pain (pain in your arms or legs, joints or back). That may be a sign of a decrease in blood phosphorus which might cause your bones to become soft (osteomalacia). This condition may sometimes lead to bone fractures. Your doctor may also check the levels of phosphate in your blood, especially if you need a number of treatments with iron over time.
The doctor is aware of these possible side effects and will monitor you during and after the treatment.

Other side effects:
Common side effects - effects that occur in 1-10 users in 100:

- Headache
- Dizziness
- Hot sensation (flushing)
- High blood pressure
- Nausea
- Injection/infusion site reactions (see also Section 2)
- Temporary drop in blood phosphate levels

Uncommon side effects - effects that occur in 1-10 users in 1,000:

- Numbness
- Tingling or “pins and needles”
- Altered taste sensation
- Accelerated heart rate
- Low blood pressure
- Difficulty breathing
- Vomiting, indigestion, stomach pain, constipation, diarrhoea
- Itching, hives, redness of the skin, rash
- Muscle, joint and/or back pain, pain in arms or legs, muscle spasms
- Fever
- Tiredness
- Chest pain
- Swelling of the hands and/or the feet
- Chills
- A general feeling of discomfort
- Temporary increase in the liver enzymes alanine aminotransferase, aspartate aminotransferase, gamma-glutamyltransferase, alkaline phosphatase and in the enzyme lactate dehydrogenase

Rare side effects - effects that occur in 1-10 users in 10,000:

- Vein inflammation
- Anxiety
- Fainting, feeling faint
- Wheezing
- Flatulence
- Rapid swelling of the face, mouth, tongue or throat which may cause difficulty in breathing
- Paleness
- Skin discolouration at other areas of the body than the administration site
- Flu-like illness may occur a few hours to several days after administration and is typically characterised by symptoms such as high temperature and pains in muscles and joints

Side effects of unknown frequency:

- Loss of consciousness
- Swelling of the face

If a side effect occurs, if one of the side effects worsens or if you suffer from a side effect not mentioned in the leaflet, consult with the doctor.

Side effects can be reported to the Ministry of Health by clicking on the link “Report Side Effects of Drug Treatment” found on the Ministry of Health homepage (www.health.gov.il) that directs you to the online form for reporting side effects, or by entering the link: https://sideeffects.health.gov.il/

5. HOW SHOULD THE MEDICINE BE STORED?

- Avoid poisoning! This medicine and any other medicine should be kept in a safe place out of the reach and sight of children and/or infants to avoid poisoning. Do not induce vomiting unless explicitly instructed to do so by the doctor.
- Do not use the medicine after the expiry date (Exp.) that appears on the package. The expiry date refers to the last day of that month.
- Store at a temperature below 30 degrees Celsius. Do not freeze. Store in the original package in order to protect from light.
- For storage conditions after dilution or first opening of the medicine, see the section "The following information is intended for healthcare professionals only".

6. FURTHER INFORMATION:

In addition to the active ingredient, the medicine also contains:
Sodium hydroxide, Hydrochloric acid, Water for injection.

What does the medicine look like and what are the contents of the package:
1 or 5 brown glass vials each containing 10 ml of dark brown coloured dispersion.

License holder and address: CTS Ltd., 4 Haharash St., Hod Hasharon 4524075.

Manufacturer name and address: VIFOR (INTERNATIONAL), SWITZERLAND. RECHENSTRASSE 37, ST. GALLEN, 9014, SWITZERLAND

This leaflet was revised in 03/2024 according to Ministry of Health guidelines.

Registration number of the medicine in the National Drug Registry of the Ministry of Health:
146-42-33331

The following information is intended for healthcare professionals only:
Monitor patients carefully for signs and symptoms of hypersensitivity reactions during and following each administration of Ferinject. Ferinject should only be administered when staff trained to evaluate and manage anaphylactic reactions is immediately available, in an environment where full resuscitation facilities can be assured. The patient should be observed for adverse effects for at least 30 minutes following each Ferinject administration.

Step 1: Determination of the iron need
The individual iron need for repletion using Ferinject is determined based on the patient's body weight and haemoglobin (Hb) level. Refer to Table 1 for determination of the total iron need. 2 doses may be required to replenish the total iron need, see Step 2 for the maximum individual iron doses.

Table 1: Determination of the iron need

Hb		**Patient body weight**		
g/dL	**mmol/L**	**below 35 kg**	**35 kg to <70 kg**	**70 kg and above**
<10	<6.2	500 mg	1,500 mg	2,000 mg
10 to <14	6.2 to <8.7	500 mg	1,000 mg	1,500 mg
≥14	≥8.7	500 mg	500 mg	500 mg

Step 2: Calculation and administration of the maximum individual iron dose(s)
Based on the total iron need determined, the appropriate dose(s) of Ferinject should be administered taking into consideration the following:
A single Ferinject administration should not exceed:
• 15 mg iron/kg body weight (intravenous injection) or 20 mg iron/kg body weight (intravenous infusion)
• 1,000 mg of iron (20 mL Ferinject)
The maximum recommended cumulative dose of Ferinject is 1,000 mg of iron (20 mL Ferinject) per week. If the total iron need is higher, then the administration of an additional dose should be a minimum of 7 days apart from the first dose.

Patients with haemodialysis-dependent chronic kidney disease
A single maximum daily dose of 200 mg iron should not be exceeded in haemodialysis-dependent chronic kidney disease patients.

The use of Ferinject has not been studied in children, and therefore is not recommended in children under 14 years.

Method of administration
Ferinject must only be administered by the intravenous route: by injection, by infusion, or during a haemodialysis session undiluted directly into the venous limb of the dialyser. Ferinject must not be administered by the subcutaneous or intramuscular route.
Caution should be exercised to avoid paravenous leakage when administering Ferinject. Paravenous leakage of Ferinject at the administration site may lead to irritation of the skin and potentially long lasting brown discolouration at the site of administration. In case of paravenous leakage, the administration of Ferinject must be stopped immediately.
Intravenous injection
Ferinject may be administered by intravenous injection using undiluted dispersion. The maximum single dose is 15 mg iron/kg body weight but should not exceed 1,000 mg iron. The administration rates are as shown in Table 2:

Table 2: Administration rates for intravenous injection of Ferinject

Volume of Ferinject required	**Equivalent iron dose**	**Administration rate / Minimum administration time**
2 to 4 mL	100 to 200 mg	No minimal prescribed time
>4 to 10 mL	>200 to 500 mg	100 mg iron/min

>10 to 20 mL	>500 to 1,000 mg	15 minutes

Intravenous infusion
Ferinject may administered by intravenous infusion, in which case it must be diluted. The maximum single dose is 20 mg iron/kg body weight but should not exceed 1,000 mg of iron.
For infusion, Ferinject must only be diluted in sterile 0.9% m/V sodium chloride solution as shown in Table 3.
Note: for stability reasons, Ferinject should not be diluted to concentrations less than 2 mg iron/mL (not including the volume of the ferric carboxymaltose dispersion).

Table 3: Dilution plan of Ferinject for intravenous infusion

Volume of Ferinject required	Equivalent iron dose	Maximum amount of sterile 0.9% m/V sodium chloride solution	Minimum administration time
2 to 4 mL	100 to 200 mg	50 mL	No minimal prescribed time
>4 to 10 mL	>200 to 500 mg	100 mL	6 minutes
>10 to 20 mL	>500 to 1,000 mg	250 mL	15 minutes

Monitoring measures
Re-assessment should be performed by the clinician based on the individual patient's condition. The Hb level should be re-assessed no earlier than 4 weeks post final Ferinject administration to allow adequate time for erythropoiesis and iron utilisation. In the event the patient requires further iron repletion, the iron need should be recalculated using Table 1 above.
Incompatibilities
The absorption of oral iron is reduced when administered concomitantly with parenteral iron preparations. Therefore, if required, oral iron therapy should not be started for at least 5 days after the last administration of Ferinject.
Overdose
Administration of Ferinject in quantities exceeding the amount needed to correct iron deficit at the time of administration may lead to accumulation of iron in storage sites eventually leading to haemosiderosis. Monitoring of iron parameters such as serum ferritin and transferrin saturation may assist in recognising iron accumulation. If iron accumulation has occurred, treat according to standard medical practice, e.g. consider the use of an iron chelator.

In-use stability
Shelf life after first opening of the container:
From a microbiological point of view, preparations for parenteral administration should be used immediately.
If not used immediately, in-use storage times and conditions are the responsibility of the user.
Administration of the product must be carried out under controlled and validated aseptic conditions.
Chemical and physical in-use stability has been demonstrated for 7 days at 30°C.

Shelf life in polyethylene and polypropylene containers after dilution with sterile 0.9% m/V sodium chloride solution:
From a microbiological point of view, preparations for parenteral administration should be used immediately after dilution with sterile 0.9% m/V sodium chloride solution.
If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would normally not be longer than 24 hours at 2 to 8°C.
Chemical and physical in-use stability has been demonstrated for 72 hours at 30°C at concentrations of 2 mg/ml and 5 mg/ml.

Shelf life in polypropylene syringe (undiluted):
From a microbiological point of view, the product should be used immediately.
If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would normally not be longer than 24 hours at 2 to 8°C.
Chemical and physical in-use stability has been demonstrated for 72 hours at 30°C.