5 reasons to consider Ferinject®

CSL Vifor

ferinject®
ferric carboxymaltose

Celebrating >15 years

Ferinject® (ferric carboxymaltose) Iron deficiency anaemia treatment for ND-CKD patients

From the pioneers of iron-based therapies

Ferinject® is indicated for the treatment of iron deficiency when oral iron preparations are ineffective or cannot be used or if there is a clinical need to deliver iron rapidly. The diagnosis of iron deficiency must be based on laboratory tests.[1]

Click here for prescribing information

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Adverse events should be reported.
Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA YellowCard in Google Play or Apple App Store.
Adverse events should also be reported to Vifor Pharma UK Limited (Tel: 01276853633)
Email: medicalinfo_UK@viforpharma.com

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Ferinject® can be used to treat iron deficiency (ID) – one of the most common causes of anaemia in ND-CKD[1,2]

Anaemia affects up to 75% of patients with ND-CKD and kidney failure,[3] with 42–53% of anaemic stage 3–5 ND-CKD patients diagnosed as iron deficient.*[2]

According to NICE guidelines:

- **Patients should be tested to diagnose ID** and determine potential responsiveness to iron therapy,†[4] and
- **Iron therapy should be offered** to correct ID **before** considering or when starting ESAs **and** during maintenance ESA therapy[4]

Patients also need to be iron replete before initiating anaemia treatment with the HIF-PHI therapy roxadustat.[5,6]

* ID was defined as ferritin <100 µg/L or TSAT <20%, and kidney failure was defined as eGFR <15 mL/min/1.73 m²
† Long-term iron requirements also should be monitored every 3 months

Ferinject® – dosing that achieves high ferritin levels[1,7]

Results from the FIND-CKD study showed that treating ID with Ferinject® and a dosing strategy that achieves high ferritin levels (400–600 µg/L) allowed 76.5% (117/153) of patients to maintain a Hb level of ≥10 g/dL or not require further anaemia treatment, compared with dosing strategies that achieved lower ferritin levels of 100-200 ug/L with either Ferinject® (67.8%, 104/153, p=0.082) or oral ferrous sulphate (68.2%, 210/308, p=0.026).

- FIND-CKD was a 56-week, 3-arm, open-label, randomised study comparing the efficacy and safety of Ferinject®, targeted to different ferritin levels, with oral ferrous sulphate therapy in 626 pts with ND-CKD and iron deficiency anaemia
- The primary endpoint was the time to initiation of further anaemia management or Hb trigger
- Key secondary endpoints included the percentage of pts with an Hb increase ≥1 g/dL, change in eGFR, and the % of pts discontinuing study drug due to intolerance

Ferinject® – a well-characterised safety profile and licence for use in adults and paediatric patients aged 1 or older[1]

The safety and tolerability profile of Ferinject® is based on data reported in clinical studies and post-marketing surveillance from **>9,000 patients, including >100 children and adolescents aged 1–17.**[1]

- In FIND-CKD, treating iron deficiency anaemia (IDA) with Ferinject® to achieve high ferritin levels was not associated with an increased AE rate vs achieving lower ferritin levels with Ferinject®
- Common ADRs (≥1/100 to <1/10) include nausea, injection/infusion site reactions, hypophosphataemia, headache, flushing, dizziness and hypertension[1]
- The most serious ADR with Ferinject® is anaphylactic reactions, which is rare (≥1/10,000 to <1/1,000); fatalities have been reported[1]
- For more information on the facilities required for identifying and managing anaphylactic reactions, please refer to the SmPC

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Ferinject® – infusion/injection time from only 15 minutes[1]

Offering a minimum administration time of 15 minutes for doses of 1000 mg of iron, which must be followed by a 30-minute observation period.[1]

Refer to the SmPC for further information.

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Ferinject® is backed by >15 years of post-marketing experience[1]

Discover the high-dose IV iron treatment with more than 15 years and 29 million patient-years' exposure.[1,8]

With over 15 years of heritage, Ferinject® helps your patients with ND-CKD and ID anaemia get back to what matters

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References

1. Ferinject® Summary of Product Characteristics. **2.** Wong MMY et al. Clin Kidney J 2019; 13: 613–624. **3.** McClellan W et al. Curr Med Red Opin 2004; 30: 1501–1510. **4.** NICE guideline [NG203]. Published 25 August 2021. Available at https://www.nice.org.uk/guidance/ng203. Accessed March 2025. **5.** NICE technology appraisal guidance [TA807] Published: 13 July 2022. Available at https://www.nice.org.uk/guidance/ta807. Accessed March 2025. **6.** Roxadustat Summary of Product Characteristics. **7.** Macdougall IC et al. Nephrol Dial Transplant 2014; 29: 2075–2084. **8.** Vifor Pharma, Data on File 158.

ADR: Adverse drug reaction; **AE:** Adverse event; **eGFR:** Estimated glomerular filtration rate; **ESA:** Erythropoiesis stimulating agent; **Hb:** Haemoglobin; **HIF-PHI:** Hypoxia-inducible factor prolyl-hydroxylase inhibitor; **ID:** Iron deficiency; **IDA:** Iron deficiency anaemia; **IV:** Intravenous; **ND-CKD:** Non-dialysis chronic kidney disease; **NICE:** National Institute for Health and Care Excellence; **PTS:** Patients; **SmPC:** Summary of Product Characteristics; **TSAT:** Transferrin saturation.

Ferinject® UK Prescribing Information

Ferric Carboxymaltose 50mg iron/mL dispersion for injection/infusion

10ml/5 vials, 20ml/1 vial

Click here or scan the QR code to access UK prescribing information for Ferinject® (ferric carboxymaltose)

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