Venofer® is indicated for the treatment of iron deficiency anemia (IDA) in adult and pediatric (2 years of age and older) patients with chronic kidney disease (CKD), and is administered only by or under the supervision of your healthcare provider. You should not receive Venofer if you have known allergies to iron sucrose. Notify your healthcare provider of all medical conditions and any medications, including supplements you are taking.

Please see additional Important Safety Information on pages 10 and 11 and accompanying Full Prescribing Information.
Iron and hemoglobin are important to your body’s functioning.

- Iron is a key ingredient used in your bone marrow to build healthy new red blood cells
- Hemoglobin is the part of the red blood cell that contains iron and carries oxygen throughout the body
- Over time, untreated IDA can cause health problems, including heart problems. If you already have heart problems, it can make those problems worse
What are the common symptoms of iron deficiency anemia?

If you have mild anemia, your symptoms may include:

- Fatigue or tiredness
- Trouble concentrating
- Frequent headaches, dizziness or lightheadedness
- Weakness

If you have more severe anemia, your symptoms may also include:

- Shortness of breath
- Strange cravings to eat items that aren’t food such as dirt, ice or clay
- Fast heartbeat
- Cold hands and feet
- Pale skin
- A tingling or crawling feeling in the legs
- Brittle nails
- A blue tint to the whites of your eyes

Why did the doctor prescribe IV iron?

Oral iron supplements are a common treatment for IDA; however, side effects often prevent people from taking them for long enough to see an improvement.

- These side effects may include constipation, abdominal pain, diarrhea and nausea
- Some people also have trouble absorbing iron from oral supplements, which means it may not work as intended, or it may not work at all
- An intravenous (IV) iron injection can help ensure that your body is getting the iron it needs
- Please discuss the possible risks associated with taking an IV iron injection with your healthcare provider
What is Venofer® (iron sucrose injection)?

Venofer is an IV iron that is proven to treat IDA in adult and pediatric patients (2 years and older) with CKD.

- Venofer contains iron, which is a key ingredient for making new red blood cells. Iron is also necessary for your bone marrow to build healthy new red blood cells and provide oxygen to your organs and tissues

- If you or your child has been prescribed Venofer, it is likely that there is not enough iron in the body

- If you are iron deficient, raising your iron levels may help to increase your red blood cell and hemoglobin levels

SELECTED IMPORTANT SAFETY INFORMATION

Venofer® (iron sucrose injection, USP) is available by prescription only. Ask your doctor or healthcare provider if Venofer is the right choice.

What is Venofer? Venofer® (iron sucrose injection, USP) is indicated for the treatment of iron deficiency anemia (IDA) in adult and pediatric (2 years of age and older) patients with chronic kidney disease (CKD), and is administered only by or under the supervision of your healthcare provider. The dosing for iron replacement treatment in pediatric patients less than 2 years old with Peritoneal or Hemodialysis-Dependent CKD or Non-Dialysis-Dependent CKD have not been established.
How does Venofer® (iron sucrose injection) work?

Venofer works by providing iron to help your body build healthy new red blood cells. Your doctor will be able to see how it is working by reviewing blood tests such as:

**Hemoglobin**

This is the protein in red blood cells that carries oxygen from the lungs to your tissues and carries carbon dioxide from the tissues back to your lungs.

**Red blood cell count**

Your red blood cells contain hemoglobin and are produced in your bone marrow.

**Ferritin**

This is a protein that contains stored iron in your cells.

**Transferrin saturation (TSAT)**

Transferrin is a protein that takes the iron from the storage protein (ferritin), or the iron that you’re being treated with, and brings it to the bone marrow, where it is used to build healthy red blood cells.
How will I know if Venofer® (iron sucrose injection) is working?

Common lab markers for monitoring IDA and normal values in adults*

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin (Hb)</td>
<td>13.8-17.2 g/dL</td>
<td>12.1-15.1 g/dL</td>
</tr>
<tr>
<td>Ferritin</td>
<td>12-300 ng/mL</td>
<td>12-150 ng/mL</td>
</tr>
<tr>
<td>Transferrin saturation (TSAT)</td>
<td>20%-50%</td>
<td>20%-50%</td>
</tr>
</tbody>
</table>

Your doctor prescribed Venofer to help restore your blood test results to their normal ranges.

*Normal values can vary for many reasons, including conditions you may have or where your lab work was done. That’s why it’s important to discuss your lab results with your doctor to find out what they mean for you.

How and where will I get Venofer?

You’ll get Venofer through an intravenous injection (IV) at your doctor’s office, a hospital, or an infusion center.

• Depending on your doctor’s instructions and other treatments you receive, you may need to go back for several treatments with Venofer

• Even if you start feeling better, it is important to come back for all your scheduled Venofer treatments as prescribed by your doctor so that your body can continue rebuilding your red blood cells

SELECTED IMPORTANT SAFETY INFORMATION (cont’d)

You should not receive Venofer if you have known allergies to iron sucrose. Notify your healthcare provider of all medical conditions and any medications, including supplements you are taking. There may be risks to the mother and fetus associated with untreated IDA in pregnancy.
What side effects could occur with Venofer® (iron sucrose injection)?

Possible side effects with Venofer:

- Your doctor will monitor you during administration and for 30 minutes after your Venofer infusion as serious side effects such as allergic reaction, low blood pressure, loss of consciousness and/or collapse could occur.

- In adults 18 years and older, the most common side effects include diarrhea, upset stomach, throwing up, headache, dizziness, a temporary drop in blood pressure, itching, pain in extremity, joint pain, back pain, muscle cramp, injection site reactions, chest pain and swelling of the arms and legs.

- In pediatric patients 2 to 17 years old, the most common side effects are headache, viral respiratory tract infection, inflammation of the lining of the abdomen, upset stomach, throwing up, fever, dizziness, cough, blood clots in arteries, a temporary drop in blood pressure and a temporary increase in blood pressure.

You should avoid taking certain supplements if you are taking Venofer.

- You should not take iron supplements by mouth if you are receiving Venofer.

- Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal supplements.
How can I get assistance with paying for Venofer® (iron sucrose injection)?

American Regent, Inc., created VenAccess™ to provide assistance in receiving Venofer for eligible patients who are uninsured and do not have the financial resources to pay for this medicine.

For more information about coverage or the VenAccess™ program, please contact:

IV IRON REIMBURSEMENT HOTLINE
1-877-4-IV-IRON (1-877-448-4766)

Monday through Friday, between 9:00 AM and 8:00 PM ET
Patient or Provider

1. Enroll
   • Download the form and bring it to your healthcare provider’s office, or call our IV Iron Reimbursement Hotline at 1-877-4-IV-IRON (1-877-448-4766) to see if you are eligible
   • Your healthcare provider can simply submit your form or call the hotline to enroll you on your behalf

2. Confirm
   • You and your healthcare provider will be notified by email of your enrollment or denial

Provider

3. Administer
   • If approved, your healthcare provider will administer Venofer® (iron sucrose injection) for free and will handle the forms required by American Regent, Inc.

4. Re-enroll
   • Your healthcare provider will ensure you stay enrolled in the program if you continue to need assistance
Venofer® (iron sucrose injection, USP)

IMPORTANT SAFETY INFORMATION

Venofer® (iron sucrose injection, USP) is available by prescription only. Ask your doctor or healthcare provider if Venofer is the right choice for you.

What is Venofer? Venofer® (iron sucrose injection, USP) is indicated for the treatment of iron deficiency anemia (IDA) in adult and pediatric (2 years of age and older) patients with chronic kidney disease (CKD), and is administered only by or under the supervision of your healthcare provider. The dosing for iron replacement treatment in pediatric patients less than 2 years old with Peritoneal or Hemodialysis-Dependent CKD or Non-Dialysis-Dependent CKD have not been established.

You should not receive Venofer if you have known allergies to iron sucrose. Notify your healthcare provider of all medical conditions and any medications, including supplements you are taking. There may be risks to the mother and fetus associated with untreated IDA in pregnancy.

WARNINGS/CAUTIONS: Serious hypersensitivity reactions, including anaphylactic-type reactions (itching, hives, swelling, wheezing, difficulty breathing, fainting and/or other allergy symptoms), some of which have been life threatening and fatal, have happened in patients receiving Venofer. Venofer may cause significant hypotension (decreased blood pressure). Your healthcare provider will watch you closely for 30 minutes after each dose.

Call your healthcare provider or get medical help right away if you have symptoms of an allergic reaction, including but not limited to rash, chest pain, cough, dizziness, passing out, shortness of breath, sweating or throat tightness.
Excessive amounts of Venofer may lead to a condition called iron overload, which may be harmful.

All patients receiving Venofer require periodic blood tests to monitor the amount of iron in the blood. Venofer may reduce the absorption of iron preparations taken by mouth.

Notify your healthcare provider if you are pregnant, or planning to get pregnant or breastfeeding.

**SIDE EFFECTS:** In adult patients, the most common side effects (≥2%) include diarrhea, upset stomach, throwing up, headache, dizziness, hypotension, pruritus (itching), pain in extremity, arthralgia (joint pain), back pain, muscle cramp, injection site reactions, chest pain and peripheral edema (swelling).

In pediatric patients the most common side effects (≥2%) are headache, viral respiratory tract infection, peritonitis, upset stomach, throwing up, fever, dizziness, cough, arteriovenous fistula thrombosis, hypotension and hypertension (increased blood pressure).

These are not all the side effects that may occur; contact your healthcare provider if you have questions.

Potential injection site discoloration has happened. Notify your healthcare provider of any irritation at the injection site.

The information provided is not intended to replace your healthcare provider’s medical advice. For additional information, contact your healthcare provider.

You are encouraged to report side effects to American Regent, Inc. at 1-800-734-9236, or to the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.
Venofer® (iron sucrose injection) is available by prescription only. Ask your doctor or healthcare provider if Venofer is right for you.

To learn more about Venofer or VenAccess™, or for Full Prescribing Information, please visit Venofer.com

“More than 25 million patients have been treated with Venofer” is calculated based on an estimated annual cumulative dose. Data on file, American Regent, Inc.

Millions prescribed. Millions treated.™

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In patients with chronic kidney disease (CKD), Venofer is indicated for the treatment of iron deficiency anemia (IDA) in patients with chronic kidney disease (CKD). The efficacy and safety of Venofer in patients with chronic kidney disease (CKD) are supported by a clinical trial of 52 weeks in 231 patients with IDA treated with Venofer 50 mg/kg every two weeks for 12 weeks, administered undiluted as a slow intravenous injection.

In patients with chronic kidney disease (CKD) and iron deficiency anemia, 100 mg of iron sucrose per dose over a period of at least 30 minutes and until clinically stable following completion of each administration.


dialysis sessions until a cumulative dose of 1000 mg was administered. Patients with NDD-CKD received either 5 doses of 200 mg over 2 weeks or 2 doses of 500 mg separated by fourteen days, and patients with PDD-CKD received 2 doses of 300 mg followed by a dose of 400 mg over a period of 30 minutes.

PDD-CKD

(iron sucrose) injection, USP

14.7 Study F: Iron Maintenance Treatment Dosing in Pediatric Patients Ages 2 Years and Older with Chronic Kidney Disease

14.6 Study E: Peritoneal Dialysis Dependent-Chronic Kidney Disease (PDD-CKD)

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14.3 Study B: Hemodialysis Dependent-Chronic Kidney Disease (HDD-CKD)

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5.2 Hypersensitivity Reactions

5.1 Hypersensitivity Reactions

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1.1 DOSAGE AND ADMINISTRATION
Adverse Reactions in Pediatric Patients with CKD (ages 2 years and older)

In a randomized, open-label dose-ranging trial for iron maintenance treatment with Venofer in pediatric patients with CKD on dialysis or on erythropoietin therapy (n=127), 200 mg iron sucrose was given. The treatment group was compared with a historical control group with similar ferritin levels as patients treated with Venofer, who were undergoing maintenance hemodialysis 2 to 3 times weekly. The mean age of the patients in the treatment group was 16 years (range 2 to 20 years). Patient age and serum ferritin level were similar between treatment and historical control patients. The mean ferritin level in the treatment group was 1,441 mg/L (range 30 to 6,600 mg/L) compared to 1,537 mg/L (range 200 to 4,230 mg/L) in the historical control group. Eighty-nine percent of patients had serum ferritin levels exceeding the upper limit of normal for their age of 100 mg/L. The majority of patients had TSAT levels exceeding 20% except for the youngest patients. The higher TSAT levels were associated with lower transferrin saturation (TSAT). The TSAT levels were corrected by the iron sucrose treatment. Weekly treatment with Venofer (1 mg/kg body weight) was effective in correcting TSAT levels. Mean TSAT levels increased from 27% (range 11 to 47%) at baseline to 37% (range 11 to 60%) at the end of treatment. These results were statistically significant (p<0.05).

12.14.1 Clinical Studies Overview

Five clinical trials involving 647 adult patients and one clinical trial involving 131 pediatric patients were conducted to assess the safety and efficacy of Venofer for babies with hemochromatosis associated with HIDs or for those with iron deficiency anemia who have received intravenous iron sucrose. Over 70% of patients were 12 years or older in all three groups. There were 84 males and 58 females.

12.14.2 Study D: Non-Dialysis Dependent-Chronic Kidney Disease (NDD-CKD)

Study D (NCT00402343) was a randomized, open-label, multicenter study comparing patients with NDD-CKD receiving an erythropoietin and intravenous iron sucrose treatment regimen to patients receiving an erythropoietin treatment regimen alone. A total of 140 patients were randomized to receive: (1) placebo, (2) iron sucrose, or (3) iron sucrose, and erythropoietin. The mean age of the 108 treated patients in the iron sucrose and erythropoietin group was 56 years, with an age range of 29 to 80 years. Patient age and serum ferritin level were similar between treatment and historical control patients. The mean ferritin level in the treatment group was 1,441 mg/L (range 30 to 6,600 mg/L) compared to 1,537 mg/L (range 200 to 4,230 mg/L) in the historical control group. Eighty-nine percent of patients had serum ferritin levels exceeding the upper limit of normal for their age of 100 mg/L. The majority of patients had TSAT levels exceeding 20% except for the youngest patients. The higher TSAT levels were associated with lower transferrin saturation (TSAT). The TSAT levels were corrected by the iron sucrose treatment. Weekly treatment with Venofer (1 mg/kg body weight) was effective in correcting TSAT levels. Mean TSAT levels increased from 27% (range 11 to 47%) at baseline to 37% (range 11 to 60%) at the end of treatment. These results were statistically significant (p<0.05).

12.14.3 Study E: Hemodialysis Dependent-Chronic Kidney Disease (HDD-CKD)

Study E (NCT00236938) was a randomized, open-label, multicenter study comparing patients with HDD-CKD who had been treated intravenously with iron sucrose treatment alone versus a placebo treatment. A total of 112 patients were randomized to receive: (1) placebo, (2) iron sucrose, or (3) iron sucrose, and erythropoietin. The mean age of the 75 treated patients in the iron sucrose and erythropoietin group was 56 years, with an age range of 29 to 80 years. Patient age and serum ferritin level were similar between treatment and historical control patients. The mean ferritin level in the treatment group was 1,441 mg/L (range 30 to 6,600 mg/L) compared to 1,537 mg/L (range 200 to 4,230 mg/L) in the historical control group. Eighty-nine percent of patients had serum ferritin levels exceeding the upper limit of normal for their age of 100 mg/L. The majority of patients had TSAT levels exceeding 20% except for the youngest patients. The higher TSAT levels were associated with lower transferrin saturation (TSAT). The TSAT levels were corrected by the iron sucrose treatment. Weekly treatment with Venofer (1 mg/kg body weight) was effective in correcting TSAT levels. Mean TSAT levels increased from 27% (range 11 to 47%) at baseline to 37% (range 11 to 60%) at the end of treatment. These results were statistically significant (p<0.05).