

**PACKAGE LEAFLET**

## Package leaflet: Information for the user

### Monover<sup>®</sup> 100 mg/ml solution for injection/infusion

ferric derisomaltose

**Read all of this leaflet carefully before you start using this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or nurse.
- If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

#### **What is in this leaflet**

1. What Monover is and what it is used for
2. What you need to know before you receive Monover
3. How Monover is administered
4. Possible side effects
5. How to store Monover
6. Contents of the pack and other information.

#### **1. What Monover is and what it is used for**

Monover contains a combination of iron and derisomaltoside (a chain of sugar molecules). The type of iron in Monover is the same as that found naturally in the body called 'ferritin'. This means that you can have Monover by injection in high doses.

Monover is used for low levels of iron (sometimes called 'iron deficiency' and 'iron deficiency anaemia') if:

- Oral iron does not work or you cannot tolerate it
- Your doctor decides you need iron very quickly to build up your iron stores

#### **2. What you need to know before you receive Monover**

##### **You must not receive Monover:**

- if you are allergic (hypersensitive) to the product or any of the other ingredients of this medicine (listed in section 6).
- if you have experienced serious allergic (hypersensitive) reactions to other injectable iron preparations.
- if you have anaemia **not** caused by iron deficiency
- if you have too much iron (overload) or a problem in the way your body uses iron
- if you have liver problems such as 'cirrhosis'

#### **Warnings and precautions**

Talk to your doctor or nurse before receiving Monover:

- if you have a history of medicine allergy
- if you have systemic lupus erythematosus
- if you have rheumatoid arthritis
- if you have severe asthma, eczema or other allergies
- if you have an ongoing bacterial infection in your blood
- if you have reduced liver function

Incorrect administration of Monover may cause leakage of the product at the injection site, which may lead to irritation of the skin and potentially long lasting brown discolouration at the site of injection. The administration must be stopped immediately when this occurs.

### **Children and adolescents**

Monover is for adults only. Children and adolescents should not have this medicine.

### **Other medicines and Monover**

Tell your doctor if you are using, have recently used or might use any other medicines. Monover given together with oral iron preparations can reduce the absorption of oral iron.

### **Pregnancy and breast-feeding**

There is limited data from the use of Monover in pregnant women. It is important to tell your doctor if you are pregnant, think you may be pregnant, or are planning to have a baby. If you become pregnant during treatment, you must ask your doctor for advice. Your doctor will decide whether or not you should be given this medicine.

If you are breast-feeding, ask your doctor for advice before you are given Monover. It is unlikely that Monover represents a risk to the nursing child.

### **Driving and using machines**

Ask your doctor if you can drive or operate machines after having Monover.

### **Monover contains sodium**

This medicine contains up to 9.4 mg sodium (main component of cooking/table salt) per iron dose of 100 mg. This is equivalent to 0,47% of the recommended maximum daily dietary intake of sodium for an adult.

## **3. How Monover is administered**

Before administration, your doctor will perform a blood test to determine the dose of Monover you require.

Your doctor or nurse will administer Monover by injection or infusion into your vein.

- Monover may be administered as an intravenous injection up to 500 mg up to three times a week.
- Monover may be administered during a dialysis session
- Monover may be administered as an intravenous infusion in a dose up to 20 mg iron/kg body weight or as weekly infusions until the total dose has been administered.

Monover will be administered in a structure where immunoallergic events can receive appropriate and prompt treatment.

You will be observed for at least 30 minutes by your doctor or nurse after each administration.

### **If you receive more Monover than you should**

A qualified health care professional will give you Monover. It is unlikely that you will have too much. They will monitor your dose and blood to avoid iron building up in your body.

## **4. Possible side effects**

Like all medicines, Monover can cause side effects, although not everybody gets them.

### **Allergic reactions**

Severe allergic reactions may occur, however they are in general rare. Tell your doctor or nurse immediately if you experience any of the following signs and symptoms that may indicate a serious allergic reaction:

swollen face, tongue or pharynx, difficulty to swallow, hives and difficulties to breath, and chest pain which can be a sign of a potentially serious allergic reaction called Kounis syndrome.

**Common** (may affect up to 1 in 10 people):

- Nausea
- Skin reactions at or near injection site including redness of the skin, swelling, burning, pain, bruising, discolouration, leakage to the tissue around the site of infusion, irritation
- Rash

**Uncommon** (may affect up to 1 in 100 people):

- Hypersensitivity reactions with potential shortness of breath and bronchospasm
- Headache
- Numbness
- Distortion of the sense of taste
- Blurred vision
- Loss of consciousness
- Dizziness
- Fatigue
- Increased heart rate
- Low or high blood pressure
- Chest pain, back pain, pain in your muscles or joints, muscle spasms
- Stomach pain, vomiting, impaired digestion, constipation, diarrhoea
- Itching, hives, skin inflammation
- Flushing, sweating, fever, feeling cold, shivering
- Low level of phosphate in the blood
- Infection
- Liver enzymes increased
- Local inflammation of a vein
- Skin exfoliation

**Rare** (may affect up to 1 in 1,000 people):

- Irregular heart beat
- Hoarseness
- Seizure
- Tremor
- Altered mental status
- Malaise

Flu-like illness (may affect up to 1 in 1,000 people) may occur a few hours to several days after injection and is typically characterised by symptoms such as high temperature, and aches and pains in the muscles and joints.

**Not known**

- Skin discoloration at other areas of the body than the injection site

### **Reporting of side effects**

If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via HPRA Pharmacovigilance, Website: [www.hpra.ie](http://www.hpra.ie). By reporting side effects you can help provide more information on the safety of this medicine.

## **5. How to store Monover**

Keep this medicine out of the sight and reach of children.

Do not use Monover after the expiry date which is stated on the ampoule or vial label. EXP is the abbreviation used for expiry date. The expiry date refers to the last day of that month.

Inspect vials/ampoules visually for sediment and damage before use. Use only those containing sediment-free, homogeneous solution.

The reconstituted solution for injection should be visually inspected prior to use. Use only clear solutions without sediment.

This medicinal product does not require any special storage conditions. Hospital staff will make sure that the product is stored and disposed of correctly.

## **6. Contents of the pack and other information**

### **What Monover contains**

The active substance is iron (as ferric derisomaltose, an iron carbohydrate compound). The concentration of iron present in the product is 100 mg per millilitre. The other ingredients are sodium hydroxide (for pH adjustment), hydrochloric acid (for pH adjustment), and water for injection.

### **What Monover looks like and contents of the pack**

Monover is a dark brown, non-transparent solution for injection/infusion.

Monover is supplied in glass ampoules or glass vials containing:

- 1 ml solution corresponding to 100 mg iron as ferric derisomaltose
- 2 ml solution corresponding to 200 mg iron as ferric derisomaltose
- 5 ml solution corresponding to 500 mg iron as ferric derisomaltose
- 10 ml solution corresponding to 1,000 mg iron as ferric derisomaltose

The pack sizes are the following:

Ampoule pack sizes: 5 x 1 ml, 10 x 1 ml, 5 x 2 ml, 10 x 2 ml, 2 x 5 ml, 5 x 5 ml, 2 x 10 ml, 5 x 10 ml

Vial pack sizes: 1 x 1 ml, 5 x 1 ml, 10 x 1 ml, 5 x 2 ml, 10 x 2 ml, 1 x 5 ml, 2 x 5 ml, 5 x 5 ml, 1 x 10 ml, 2 x 10 ml, 5 x 10 ml

Not all pack sizes may be marketed.

### **Marketing Authorisation Holder and Manufacturer**

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### **This medicine is authorised in the Member States of the European Economic Area and in the United Kingdom (Northern Ireland) under the following names:**

Austria, Bulgaria, Croatia, Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Netherlands, Norway, Romania, Slovenia, Sweden, United Kingdom (Northern Ireland): Monofer<sup>®</sup>

Belgium, Italy: Monoferric<sup>®</sup>

Ireland, Luxemburg, Poland: Monover<sup>®</sup>

Portugal: Monofar<sup>®</sup>

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The following information is intended for medical or healthcare professionals only:

Monitor carefully patients for signs and symptoms of hypersensitivity reactions during and following each administration of Monover. Monover 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 Monover injection.

Each IV iron administration is associated with a risk of a hypersensitivity reaction. Thus, to minimise risk the number of single IV iron administrations should be kept to a minimum.

### Posology

The posology of Monover follows a stepwise approach: [1] determination of the individual iron need and [2] calculation and administration of the iron dose(s). The steps can be repeated after [3] post-iron repletion assessments.

#### *Step 1: Determination of the iron need:*

The iron need can be determined using either the Simplified Table (i) or the Ganzoni formula below (ii).

The iron need is expressed in mg elemental iron.

#### i. Simplified Table:

Table 1. Simplified Table

Hb (g/dl)	Hb (mmol/l)	Patients with body weight <50 kg	Patients with body weight 50 kg to <70 kg	Patients with body weight ≥70 kg
≥10	≥6.2	500 mg	1000 mg	1500 mg
<10	<6.2	500 mg	1500 mg	2000 mg

#### ii. Ganzoni formula:

Table 2. Ganzoni formula

$\text{Iron need [mg iron]} = \text{Body weight [kg]} \times (\text{Target Hb [g/dl]} - \text{Actual Hb [g/dl]}) \times 2.4 + \text{Iron for iron stores [mg iron]}^{(C)}$
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- (A) It is recommended to use the patient's ideal body weight for obese patients or pre-pregnancy weight for pregnant women. For all other patients use actual body weight.  
Ideal body weight may be calculated in a number of ways e.g. by calculating weight at BMI 25 i.e. ideal body weight = 25 \* (height in m)<sup>2</sup>
- (B) To convert Hb [mM] to Hb [g/dl] you should multiply Hb [mM] by factor 1.61145
- (C) For a person with a body weight above 35 kg, the iron stores are 500 mg or above. Iron stores of 500 mg are at the lower limit normal for small women. Some guidelines suggest using 10-15 mg iron /kg body weight.
- (D) Default Hb target is 15 g/dl in the Ganzoni formula. In special cases such as pregnancy consider using a lower haemoglobin target.

iii. Fixed iron need:

A fixed dose of 1000 mg is given and the patient is re-evaluated for further iron need according to “Step 3: Post-iron repletion assessments”. For patients weighing less than 50 kg use the Simplified table or Ganzoni formula for iron need calculation.

*Step 2: Calculation and administration of the maximum individual iron dose(s):*

Based on the iron need determined above the appropriate dose(s) of Monover should be administered taking into consideration the following:

- The total dose per week should not exceed 20 mg iron/kg body weight.
- A single Monover infusion should not exceed 20 mg iron/kg body weight.
- A single Monover bolus injection should not exceed 500 mg iron.

*Step 3: Post-iron repletion assessments:*

Re-assessment including blood tests should be performed by the clinician based on the individual patient's condition. To evaluate the effect of IV iron treatment the Hb level should be re-assessed no earlier than 4 weeks post final Monover 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.

*Children and adolescents:*

Monover is not recommended for use in children and adolescents < 18 years due to insufficient data on safety and efficacy.

Method of administration:

Monover must be administered by the intravenous route either by injection or by infusion.

Monover should not be administered concomitantly with oral iron preparations, since the absorption of oral iron might be decreased.

*Intravenous bolus injection:*

Monover may be administered as an intravenous bolus injection up to 500 mg up to three times a week at an administration rate of up to 250 mg iron/minute. It may be administered undiluted or diluted in maximum 20 ml sterile 0.9% sodium chloride.

Table 3: Administration rates for intravenous bolus injection

Volume of Monover	Equivalent iron dose	Administration rate/ Minimum administration time	Frequency
≤5 ml	≤500 mg	250 mg iron/minute	1-3 times a week

*Intravenous infusion:*

The iron need required may be administered in a single Monover infusion up to 20 mg iron/kg body weight or as weekly infusions until the cumulative iron need has been administered.

If the iron need exceeds 20 mg iron/kg body weight, the dose must be split in two administrations with an interval of at least one week. It is recommended whenever possible to give 20 mg iron/kg body weight in the

first administration. Dependent on clinical judgement the second administration could await follow-up laboratory tests.

Table 4: Administration rates for intravenous infusion

Iron dose	Minimum administration time
≤1000 mg	More than 15 minutes
>1000 mg	30 minutes or more

Monover should be infused undiluted or diluted in sterile 0.9% sodium chloride. For stability reasons, Monover should not be diluted to concentrations less than 1 mg iron/ml (not including the volume of the ferric derisomaltose solution) and never diluted in more than 500 ml.

*Injection into dialyser:*

Monover may be administered during a haemodialysis session directly into the venous limb of the dialyser under the same procedures as outlined for intravenous bolus injection.

Please refer to the SPC for further information on Monover.