Dosing and Administration Guide

An overview of MIMRYLO™ (rusfertide) dosing, monitoring, and dose adjustments

INDICATION

MIMRYLO is indicated for the treatment of erythrocytosis in adults with polycythemia vera (PV).

SELECT IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **New or Worsening Thrombocytosis:** MIMRYLO may increase platelet counts in patients with PV. Platelet counts generally plateaued on treatment by Week 8. After initiating MIMRYLO and during dose modifications, monitor CBC every 2 to 4 weeks or as clinically indicated. Platelet elevations associated with MIMRYLO may require cytoreductive therapy initiation, modification, or MIMRYLO dose modifications or discontinuation.

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™
rusfertide for injection

A novel treatment for polycythemia vera (PV) with dosing individualized to your patients' needs

MIMRYLO is the first-ever hepcidin mimetic treatment for PV[1,2]

MIMRYLO is a peptide mimetic of the endogenous hormone hepcidin that blocks the iron transporter ferroportin. Hepcidin is the primary regulator of iron homeostasis. By reducing availability of iron for production of red blood cells, MIMRYLO lowers HCT levels and reduces blood viscosity without exacerbating iron deficiency.[1,3]

MIMRYLO is indicated for the treatment of erythrocytosis in adults with PV. It should not be used during pregnancy.[1]

How MIMRYLO is supplied

MIMRYLO is typically administered once weekly by subcutaneous self-injection. It is supplied in a carton containing one single-dose vial of lyophilized powder and a single-dose diluent prefilled syringe.[1]

The single-dose, disposable diluent prefilled syringe is comprised of a 1 mL glass syringe with a luer lock adapter, and soft inner tip cap.[1]

Starting patients on MIMRYLO

Start

All patients initiate with 19 mg, whether using MIMRYLO alone or in combination with concomitant therapies.[1]

Adjust

Some patients may require dose escalation based on individual efficacy and safety response.[1]

After two weeks, the dose can be adjusted to the next defined dosage increment. Continue to adjust dosing until desired HCT level is reached.[1]

For grade ≥2 anemia or for drug-related grade ≥3 toxicities, reduce the dose of MIMRYLO to the preceding defined dosage increment.[1]

Maintain

Once HCT control is achieved, patients should continue to take their individualized dose of MIMRYLO once a week.[1]

HCT=hematocrit; PV=polycythemia vera.

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™ rusfertide for injection

Dosage adjustments for HCT control[1]

Dose level	Weekly dosing*	Administration instructions
Dose reduction	9.5 mg	Single subcutaneous injection
Starting dose	**19 mg**	Single subcutaneous injection
Dose options	28 mg	Single subcutaneous injection
	41 mg	Single subcutaneous injection
	54 mg	Single subcutaneous injection
	69 mg	Two injections on the same day (28 mg + 41 mg)
	82 mg	Two injections on the same day (41 mg + 41 mg)
	95 mg	Two injections across the week (54 mg Day 1 + 41 mg Day 4 or 5)
Maximum weekly dose	108 mg	Two injections across the week (54 mg Day 1 + 54 mg Day 4 or 5)

Monitoring

After beginning on the starting dose, patients have regular blood tests to monitor their PV and identify adverse reactions. The dose is adjusted to maintain a target HCT; then monitoring is continued as patients are maintained on therapy.[1]

- Patients begin with a **starting dose of 19 mg** by subcutaneous injection, once weekly[1]
- **CBCs every 2 to 4 weeks** inform dose adjustments[1]
- After a **minimum of 2 weeks at the current weekly** dose, a dose increase may be considered[1]

The administration schedule depends on the **total weekly dose**[1]:

- Doses of **54 mg and lower** are taken as a **single weekly injection**
- Doses of **69 mg** or **82 mg** are taken as **two injections on the same day**, once weekly
- Doses of **95 mg** or **108 mg** are taken as **two injections on different days** (Day 1 and Day 4 or 5) each week

After the first dose, appropriate patients who have been trained on self-injection may administer MIMRYLO at home[1]

*Dosage colors correlate with dosage strength, as seen on the MIMRYLO prescription box.

CBC=complete blood count; HCT=hematocrit; PV=polycythemia vera.

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™ rusfertide for injection

Dose adjustments for efficacy and safety

Efficacy adjustments[1]

Recommended MIMRYLO dose increase to reduce or to maintain HCT below 45%:

Current weekly dose	Increase weekly dose to
9.5 mg	19 mg
19 mg	28 mg
28 mg	41 mg
41 mg	54 mg
54 mg	69 mg
69 mg	82 mg
82 mg	95 mg
95 mg	108 mg

Safety adjustments[1]

Recommended MIMRYLO dose decrease for patients experiencing grade ≥2 anemia or for drug-related grade ≥3 toxicities:

Current weekly dose	Decrease weekly dose to
9.5 mg	Discontinue treatment
19 mg	9.5 mg
28 mg	19 mg
41 mg	28 mg
54 mg	41 mg
69 mg	54 mg
82 mg	69 mg
95 mg	82 mg
108 mg	95 mg

Dose adjustments are based on medical judgement to reduce or maintain HCT at the recommended level below 45%[1]

HCT=hematocrit.

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™ rusfertide for injection

Managing missed doses

Recommendations are based on injection frequency and time since missed dose

What if an injection is missed?

For patients injecting **once** a week[1]:

Missed by **1 to 4 days**	Missed by **more than 4 days**
Inject missed dose immediately	Inject missed dose immediately
Resume regular schedule	Take next injection 3 days later
	Resume regular schedule

For patients injecting **two times** a week[1]:

Missed by **1 to 2 days**	Missed by **more than 2 days**
Inject missed dose immediately	Skip missed injection
Take next injection 3 days later	Resume regular schedule
Resume regular schedule	

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™ rusfertide for injection

Safety monitoring

The safety of MIMRYLO was evaluated in VERIFY, a phase 3, randomized, double-blind, placebo-controlled study, in patients (n=285) with PV who required frequent phlebotomies.[1] The most common adverse reactions (incidence >15%) in VERIFY were injection site reactions (56%), and anemia (16%).

Adverse reactions in ≥5% of patients with a difference of ≥5 percentage points between the MIMRYLO and control arms[1]

Adverse reaction	MIMRYLO arm (n=145)		Control arm (n=146)	
	All grades (%)	Grade 3 (%)	All grades (%)	Grade 3 (%)
Injection site reactions	**56**	**0.7**	33	0
Anemia*	**16**	**0**	4.1	0
Thrombocytosis†	**8**	**0**	0.7	0
Dyspnea‡	**8**	**0**	1.4	0

* Includes anemia and hemoglobin decreased.[1]
† Includes thrombocytosis and platelet count increased.[1]
‡ Includes dyspnea and dyspnea exertional.[1]

In the safety population of 285 patients, a serious adverse reaction of anemia occurred in one (0.4%) patient who received MIMRYLO. Five patients discontinued MIMRYLO due to adverse reactions: two (0.7%) due to injection site reactions, two (0.7%) due to thrombocytosis, and one (0.4%) due to anemia.[1]

PV=polycythemia vera.

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™ rusfertide for injection

No clinically relevant drug-drug interactions

In vitro studies

Cytochrome P450 (CYP) enzymes: Rusfertide does not inhibit CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, or CYP3A at clinically relevant concentrations. Rusfertide does not induce CYP1A2, CYP2B6, or CYP3A.[1]

Transporter Systems: Rusfertide is not a substrate of and does not inhibit BCRP, BSEP, MATE1, MATE2K, OATP1B1, OATP1B3, OAT1, OAT3, OCT1, OCT2, or P-gp.[1]

Use in special populations[1]

Pregnancy/lactation

- Confirm patients of childbearing potential are not pregnant prior to use of MIMRYLO and are on effective contraception during treatment and for at least 30 days after the final dose of MIMRYLO
- Advise patients to stop taking MIMRYLO if they become pregnant
- Advise patients not to breastfeed during treatment with MIMRYLO and for 30 days after final treatment

Pediatric use

- The safety and effectiveness of MIMRYLO have not been established in pediatric patients
- MIMRYLO is indicated for use in adults

Renal impairment

- No starting dosage adjustment is required for patients with mild, moderate, or severe renal impairment

Geriatric use

- 71 (25%) were ≥65 years of age
- No overall differences in safety or effectiveness were observed between the elderly and younger patients

Hepatic impairment

- No starting dosage adjustment is required for patients with mild or moderate hepatic impairment
- MIMRYLO has not been studied in patients with severe hepatic impairment

There are no known contraindications for MIMRYLO[1]

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™ rusfertide for injection

Resources

MIMRYLO administration guidance

The **Instructions for Use** walks through each step of the reconstitution and injection processes in explicit detail, with illustrations and important dos and don'ts.

The **Injection Training Video** available at **MIMRYLOhcp.com/injection-video** is a step-by-step instructional video for reconstitution and injection technique.

Nurse In-Service Training is available to provide dosing guidance and help educate patients about MIMRYLO self-administration.

The **Welcome Kit** helps self-injecting patients get organized and reinforces the injection training you provide. It includes:

- Patient Brochure
- MIMRYLO Patient Support Flashcard
- Dosing & Administration Guide
- Step-by-Step Injection Guide
- Demonstration Kit
- Injection Placemat

Get more information on the Welcome Kit's resources at **MIMRYLOhcp.com/resources**

Find more product information and resources at **MIMRYLOhcp.com/resources**

MIMRYLO Patient Support

We're Here2Assist® your patients

MIMRYLO Patient Support is a comprehensive patient support program that:

- ✓ Works with your patients' insurance companies to help get your patients started on their medication*
- ✓ Identifies available financial assistance that may be right for your patients
- ✓ Identifies specialty pharmacies to help fill and ship your patients' prescriptions appropriately
- ✓ Provides supplemental Nurse Navigators to help your patients with self-injection support after MIMRYLO has been prescribed
- ✓ Conducts regular follow-ups with patients
- ✓ Sends status updates and reminders to patients via text message†

Enroll your patients in MIMRYLO Patient Support at **www.Here2Assist.com/hcp/getting-started**

Looking for more information? Let's talk.

Call us at 1-844-817-6468, Option 2. We're available Monday–Friday, 8AM–8PM ET. To learn more about MIMRYLO Patient Support, visit **www.Here2Assist.com/hcp**.

*Verification of benefits is not a guarantee of payment and does not take the place of written policy information. Healthcare providers should carry out their own benefits investigation, as necessary.
† Patients will need to enroll in the texting program to receive text messages.

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™ rusfertide for injection

INDICATION

MIMRYLO is indicated for the treatment of erythrocytosis in adults with polycythemia vera (PV).

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **New or Worsening Thrombocytosis:** MIMRYLO may increase platelet counts in patients with PV. Platelet counts generally plateaued on treatment by Week 8. After initiating MIMRYLO and during dose modifications, monitor CBC every 2 to 4 weeks or as clinically indicated. Platelet elevations associated with MIMRYLO may require cytoreductive therapy initiation, modification, or MIMRYLO dose modifications or discontinuation.
- **Injection-Site Reactions:** Injection site reactions (including Grade 3 reactions) have been reported in patients treated with MIMRYLO. The most common injection site reactions reported were erythema, pruritus, pain, and swelling. Use ice, topical corticosteroid creams, antihistamines or analgesics, as needed, to treat injection site pain and swelling.
- **Embryo-Fetal Toxicity:** Based on findings from animal reproduction studies, MIMRYLO may cause fetal harm when administered to a pregnant woman. Advise patients to stop taking MIMRYLO if they become pregnant.

ADVERSE REACTIONS

The most common (>15%) adverse reactions were injection site reactions (56%) and anemia (16%).

USE IN SPECIFIC POPULATIONS

- **Lactation:** Because of the potential for serious adverse reactions in the breastfed child, including impaired iron absorption, advise patients not to breastfeed during treatment with MIMRYLO and for 30 days after the final treatment.
- **Females and Males of Reproductive Potential**
  - **Pregnancy Testing:** Prior to initiating MIMRYLO, pregnancy testing is recommended for females of reproductive potential.
  - **Contraception:** Advise female patients of reproductive potential to use effective contraception during treatment with MIMRYLO and for at least 30 days after the final dose of MIMRYLO.

To report SUSPECTED ADVERSE REACTIONS, contact Takeda Pharmaceuticals at 1-844-662-8532 or the FDA at 1-800-FDA-1088 or **www.fda.gov/medwatch**.

Please see MIMRYLO (rusfertide) full Prescribing Information.

References: 1. MIMRYLO. Prescribing Information. Takeda Pharmaceuticals America, Inc; 2026. **2.** Handa S, Ginzburg Y, Hoffman R, et al. Hepcidin mimetics in polycythemia vera: resolving the irony of iron deficiency and erythrocytosis. *Curr Opin Hematol*. 2023;30(2):45-52. doi:10.1097/MOH.0000000000000747. **3.** Kremyanskaya M, Kuykendall AT, Pemmaraju N, et al; REVIVE Trial Investigators. Rusfertide, a hepcidin mimetic, for control of erythrocytosis in polycythemia vera. *N Engl J Med*. 2024;390(8):723-735. doi: 10.1056/NEJMoa2308809.

Mimrylo™ rusfertide for injection

A once-weekly*, subcutaneous self-injection that can fit into your patients' lives and is individualized to their needs[1]

- MIMRYLO is indicated for the treatment of erythrocytosis in adults with PV[1]
- MIMRYLO offers dosing flexibility for your patients[1]
- MIMRYLO Patient Support is there to help every step of the way

*Dosing is one injection weekly from dosage increments of 9.5 mg up to 54 mg. Weekly dosages of 69 mg or 82 mg must be administered in two injections on the same day. Weekly dosages of 95 mg or 108 mg must be administered in two injections on separate days. Please see additional details on Dosing and Administration within the full Prescribing Information

Want a deeper dive into MIMRYLO?

Reach out to your Takeda rep today at **MIMRYLOhcp.com/request-a-rep** to walk through our **Nurse-in-Training Guide**.

Reconstitution & Administration Video

Watch the MIMRYLO reconstitution and injection steps **in a video created for nurses**.

PV=polycythemia vera.

SELECT IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **New or Worsening Thrombocytosis:** MIMRYLO may increase platelet counts in patients with PV. Platelet counts generally plateaued on treatment by Week 8. After initiating MIMRYLO and during dose modifications, monitor CBC every 2 to 4 weeks or as clinically indicated. Platelet elevations associated with MIMRYLO may require cytoreductive therapy initiation, modification, or MIMRYLO dose modifications or discontinuation.

Please see full Important Safety Information on page 9, and MIMRYLO (rusfertide) full Prescribing Information.

Mimrylo™ rusfertide for injection