

**OVER 30 YEARS**  
*promoting a better quality of life*

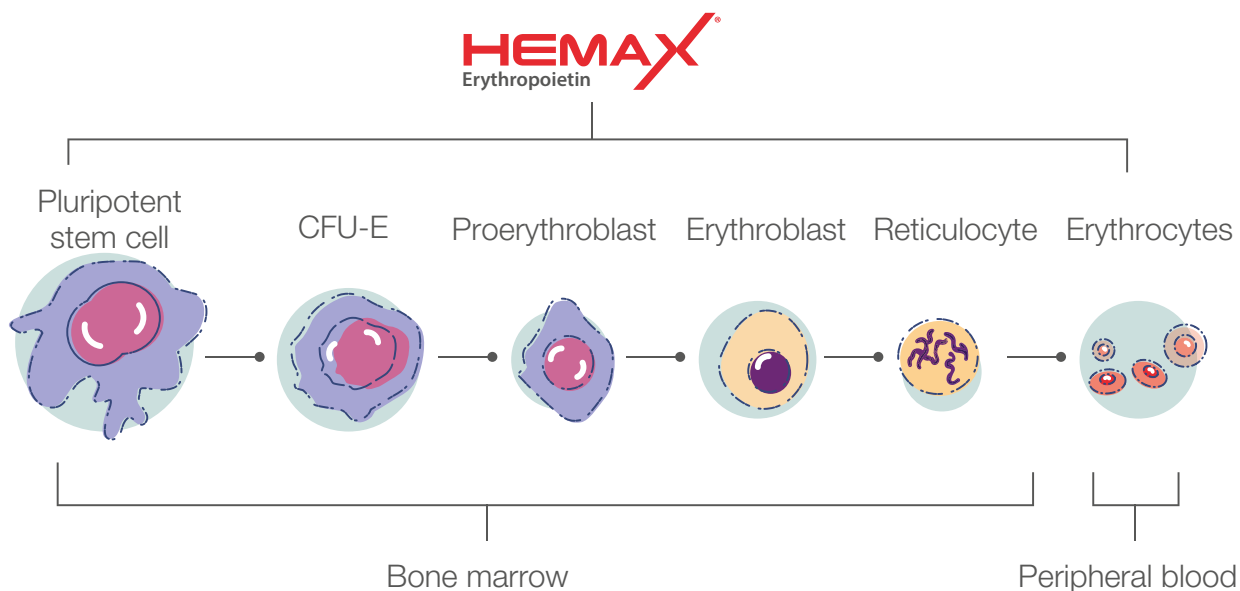
**HEMAX<sup>®</sup>**  
Erythropoietin

 **Neutromax<sup>®</sup>**  
Filgrastim  
*Factor of Life*

# WHY CHOOSE HEMAX<sup>®</sup>?

## Due to its proven efficacy

- Hemax<sup>®</sup> stimulates erythropoiesis and survival of erythroid lineage cells.<sup>1</sup>
- Hemax<sup>®</sup> decreases transfusion requirements and their associated risks.<sup>1,2</sup>
  - Risks associated with transfusions include hemolysis, fever, anaphylaxis, acute lung involvement, and several delayed reactions.
- Hemax<sup>®</sup> improves patients' quality of life.<sup>3</sup>
- Hemax<sup>®</sup> reduces the risk of hospitalization.<sup>4</sup>



## Hemax<sup>®</sup> in the erythropoiesis process

CFU-E: colony forming unit-erythroid

## WHY CHOOSE HEMAX<sup>®</sup>?

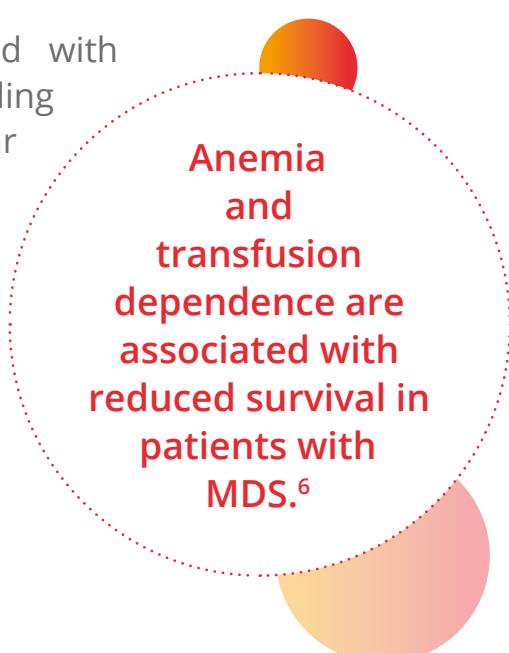
Due to the wide range of approved indications<sup>5</sup>

- ✓ Symptomatic anemia caused by renal disease
- ✓ Anemia secondary to chemotherapy for solid tumors
- ✓ Anemia in adults with myelodysplastic syndrome
- ✓ Moderate anemia due to presurgical autologous blood donation
- ✓ Moderate anemia prior to major orthopedic surgery
- ✓ Anemia in patients receiving zidovudine
- ✓ Anemia in preterm infants with a birth weight between 750-1500 g and a gestational age <34 weeks.

# HEMAX<sup>®</sup> FOR THE TREATMENT OF MYELOYDYSPLASTIC SYNDROME-RELATED ANEMIA

Erythropoiesis-stimulating agents (ESAs) are the **first-line treatment** for lower-risk myelodysplastic syndrome (MDS)-related anemia.<sup>6,7</sup>

- Most patients with MDS develop anemia or anemia-related symptoms, which can impact adversely on their quality of life.<sup>6</sup>
- For patients with MDS, anemia is associated with particularly negative consequences,<sup>8</sup> including chronic fatigue, increased risk of cardiovascular complications, and increased risk of relapse.<sup>7</sup>
- Although blood transfusions can temporarily reduce anemia symptoms, they can also lead to transfusion dependence and iron overload, which are associated with reduced survival and worse quality of life.<sup>8</sup>



Anemia and transfusion dependence are associated with reduced survival in patients with MDS.<sup>6</sup>

Treatment with epoetin alfa reduces the need for transfusions in patients with MDS.<sup>8</sup>

# HEMAX<sup>®</sup> FOR MYELODYSPLASTIC SYNDROME-RELATED ANEMIA

Erythropoiesis-stimulating agents, like Hemax<sup>®</sup>, are the first-line therapy for lower-risk myelodysplastic syndrome (MDS)-related anemia.<sup>6,7</sup>

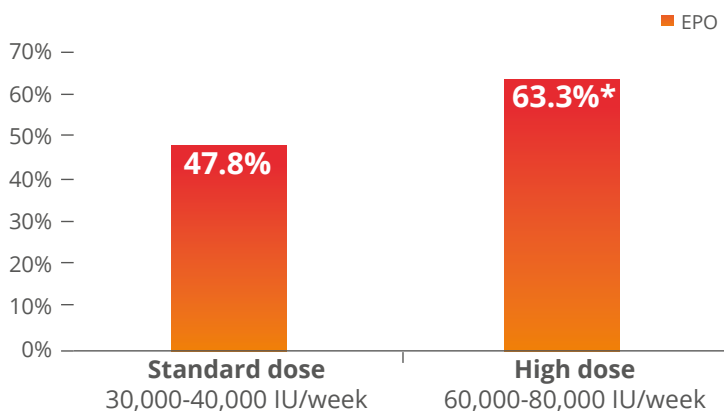
The use of high doses of epoetin alfa is recommended for the treatment of anemia in patients with lower-risk MDS.<sup>9,10</sup>

Dosing recommended by international clinical practice guidelines

NCCN <sup>11</sup>	ESMO <sup>12</sup>	ASCO/ASH <sup>13</sup>
40,000-60,000 IU 1-2 weekly (Increase to 60,000 IU/weekly for non-responders 4 weeks after initiation).	30,000-80,000 IU/weekly (Increase to 80,000 IU/weekly for non-responders 4 weeks after initiation).	40,000-60,000 IU/weekly (Increase to 60,000 IU/weekly for non-responders 4 weeks after initiation).

ASCO: American Society of Clinical Oncology; ASH: American Society of Hematology; ESMO: European Society of Medical Oncology; NCCN: National Comprehensive Cancer Network.

- Based on the results of a systematic review and a meta-analysis, treatment with high doses of epoetin alfa results in a significantly higher response rate compared with the standard dose (63.3% vs 47.8%; p < 0.001).<sup>14</sup>



Response rates for standard and high doses of epoetin alfa

\*p < 0.001 compared with respective standard dose.

Adapted from Gascón P, Krendyukov A, et al. Epoetin alfa for the treatment of myelodysplastic syndrome-related anemia: A review of clinical data, clinical guidelines, and treatment protocols. Leuk Res. 2019 Jun; 81:35-42.

# HEMAX<sup>®</sup> FOR THE TREATMENT OF MYELODYSPLASTIC SYNDROME-RELATED ANEMIA

- A high percentage of patients with lower-risk MDS will have a positive response to epoetin alfa.<sup>15</sup>
- Different clinical and laboratory factors allow to estimate the probability of response to treatment with epoetin alfa:<sup>9</sup>

	Higher probability of response <sup>9</sup>	Lower probability of response <sup>9</sup>
Diagnosis based on WHO classification	Refractory anemia	Refractory anemia with excess blasts
% of blasts in BM	<5%	>5%
Serum EPO	<500	>500
Transfusions	<2 U/month	>2 U/month
FCM	Normal myeloid progenitors	Abnormal myeloid progenitors
<b>ERK phosphorylation</b>	High	Low

BM: bone marrow; EPO: erythropoietin; ERK: extracellular signal-regulated kinase; FCM: flow cytometry; WHO: World Health Organization.

- Timely initiation of treatment with epoetin alfa, before developing transfusion dependence, is associated with a higher response rate.<sup>15</sup>
- In addition to optimal doses and appropriate periods of treatment, it is important to administer epoetin alfa regularly and without interruptions in order to maintain stable levels of hemoglobin.<sup>15</sup>

# HEMAX<sup>®</sup> FOR THE TREATMENT OF MYELOYDYSPLASTIC SYNDROME-RELATED ANEMIA

## Benefits of treatment with Hemax<sup>®</sup>



- Treatment with epoetin alfa has shown to **improve hemoglobin levels and to reduce transfusion requirements**, with an overall duration of response of 18-24 months.<sup>16</sup>
- Some study results even suggest that treatment with epoetin alfa could **extend survival** in patients with lower-risk MDS.<sup>9</sup>

## Safety of treatment with Hemax<sup>®</sup>



- Patients with lower-risk MDS receiving epoetin alfa did not experience an increase of thrombotic events compared with untreated patients, in contrast to other hematological malignancies.<sup>15</sup>
- Treatment with epoetin alfa has not been associated with hypertension, cardiovascular disorders, or seizures among these patients.<sup>9</sup>
- There was no evidence of a higher risk of disease progression or leukemic transformation.<sup>16</sup>

# WHY CHOOSE HEMAX<sup>®</sup>?

## Due to its extensive experience and background

1

**Leading brand** in the erythropoietin market



**The only** lyophilized erythropoietin in the market



**<5%** of adverse events reported in clinical trials<sup>2</sup>

**Over 30 years** of experience in the Argentine market



**The only** erythropoietin not requiring cold chain



Available in over **35 countries**



## LEADER FOR ITS PROVEN HIGH QUALITY, RELIABILITY, AND SAFETY



### BOXES OF 1 DOSE

- Hemax<sup>®</sup> 1000 IU\*
- Hemax<sup>®</sup> 2000, 3000, 4000, 10,000, 20,000, and 40,000 IU\*\*

### BOXES OF 25 DOSES

- Hemax<sup>®</sup> 2000, 3000, and 4000\*\*\*

\*Presentation: vial with lyophilized powder + ampoule with diluent + tuberculin syringe + 2 needles and package insert

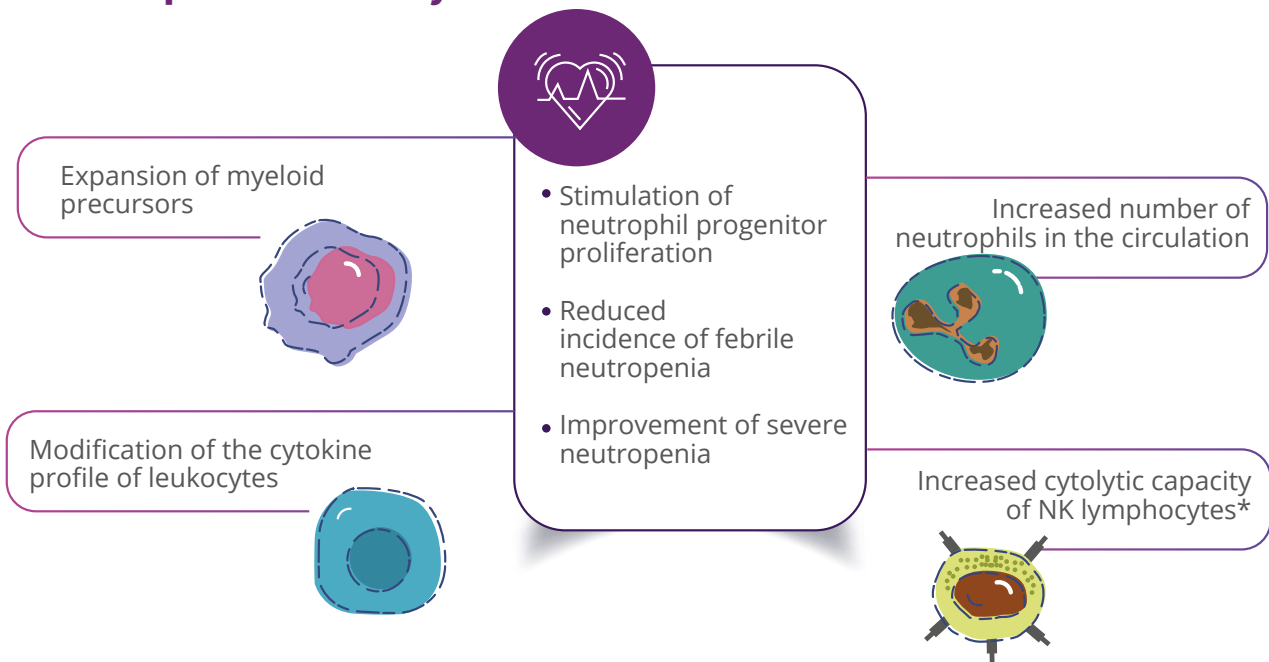
\*\* Presentations: vial with lyophilized powder + ampoule with diluent + Rymco pack (disposable plastic syringe + 2 needles) and package insert

\*\*\* Boxes containing 25 vials with lyophilized powder and 25 ampoules with diluent.



# WHY CHOOSE NEUTROMAX®?

## Due to its proven efficacy<sup>17</sup>



### Neutromax® mechanism of action

Adapted from Rutella S, et al. J Immunol. 2005; 175(11): 7085-7091.  
\*NK: natural killer

## Due to its extensive experience



# WHY CHOOSE NEUTROMAX®?

## Due to the wide range of approved indications<sup>17,18</sup>

- Neutromax® is highly effective in primary and secondary neutropenia
- Neutromax® increases the number of mature neutrophils
- Neutromax® reduces the duration of severe neutropenia
- Neutromax® decreases life-threatening infections, length of hospitalization, and morbimortality associated with severe neutropenia
- Neutromax® is beneficial for minimizing the impact of chemotherapy-induced neutropenia
- Neutromax® accelerates the recovery of the absolute neutrophil count in the treatment of hematological malignancies and bone marrow transplants
- Neutromax® improves neutrophil levels in patients with neutropenia associated with multiple etiologies

## Neutromax® is a great ally for reducing the risk of severe or febrile neutropenia

### ONCOLOGY PATIENTS

Cancer patients receiving myelosuppressive CT

Patients with AML treated with induction or consolidation CT

Patients with malignancies requiring bone marrow transplant

### OTHER INDICATIONS

Mobilization of hematopoietic stem cells into peripheral blood

Patients with chronic severe neutropenia

Patients exposed to myelosuppressive doses of radiation

AIDS-related neutropenia

# WHY CHOOSE NEUTROMAX®?

## Due to its safety<sup>19</sup>

- Tolerance to filgrastim in real-world patients with neutropenia:<sup>20</sup>
  - “Very good” tolerance in the application site (63.3% of cases).
  - Less than 2% of patients discontinue treatment due to poor tolerance.
  - Less than 3% of adverse events are considered as severe.

## LEADER FOR ITS PROVEN HIGH QUALITY, RELIABILITY, AND SAFETY



• Neutromax® 300 µg (30 MU): boxes containing 1 or 5 vials x 1 mL

• Neutromax® 480 µg (48 MU): boxes containing 5 vials x 1.6 mL



**Referencias:** 1. Vittori D, Chamorro ME, Nesse A. Eritropoyetina como agente eritropoyético y no eritropoyético: consideraciones terapéuticas. *Acta Bioquím Clín Latinoam*. 2016; 50(4): 773-782. 2. Carman M, Schiefeler-Uhlenbrock J, McClintock SM. CE: A Review of Current Practice in Transfusion Therapy. *Am J Nurs*. 2018; 118(5): 36-44. 3. Park S, Greenberg P, Yucel A, et al. Clinical effectiveness and safety of erythropoietin-stimulating agents for the treatment of low- and intermediate-1-risk myelodysplastic syndrome: a systematic literature review. *Br J Haematol*. 2019; 184(2): 134-160. 4. Zhou S, Zhuang Y, Zhao W, et al. Protective roles of erythropoiesis-stimulating proteins in chronic heart failure with anemia. *Experimental and Therapeutic Medicine*. 2014; 8(3): 863-870. 5. Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT). Disposición 4763/2019. 6. Platzbecker U, Kubasch AS, et al. Current challenges and unmet medical needs in myelodysplastic syndromes. *Leukemia*. 2021;35(8):2182-2198. 7. Fenaux P, Platzbecker U, Ades L. How we manage adults with myelodysplastic syndrome. *Br J Haematol*. 2020 Jun;189(6):1016-1027. 8. Pa-rk S, Greenberg P, et al. Clinical effectiveness and safety of erythropoietin-stimulating agents for the treatment of low- and intermediate-1-risk myelodysplastic syndrome: a systematic literature review. *Br J Haematol*. 2019 Jan;184(2):134-160. 9. Ferro H. Actualización del uso de factores hematopoyéticos en hematología. *Hematología*. 2015; 19:12-19. 10. Síndromes mielodisplásicos y síndromes de superposición mielodisplasia/neoplasia mieloproliferativa. Sociedad Argentina de Hematología. Disponible en: [http://www.sah.org.ar/docs/2019/Sindromes\\_Mielodisplasicos\\_y\\_Sindromes\\_de\\_Superposicion\\_Mielodisplasia\\_Neoplasia\\_Mieloproliferativa.pdf](http://www.sah.org.ar/docs/2019/Sindromes_Mielodisplasicos_y_Sindromes_de_Superposicion_Mielodisplasia_Neoplasia_Mieloproliferativa.pdf) 11. NCCN Guidelines Version 3.2022. Myelodysplastic Syndromes. Disponible en: [https://www.nccn.org/professionals/physician\\_gls/pdf/mds.pdf](https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf) 12. Fenaux P, Haase D, et al.; ESMO Guidelines Committee. Myelodysplastic syndromes: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol*. 2021 Feb;32(2):142-156. 13. Bohlius J, Bohlke K, et al. Management of Cancer-Associated Anemia With Erythropoiesis-Stimulating Agents: ASCO/ASH Clinical Practice Guideline Update. *J Clin Oncol*. 2019 May 20;37(15):1336-1351. 14. Gascón P, Krendyukov A, et al. Epoetin alfa for the treatment of myelodysplastic syndrome-related anemia: A review of clinical data, clinical guidelines, and treatment protocols. *Leuk Res*. 2019 Jun;81:35-42. 15. Santini V. Treatment of low-risk myelodysplastic syndromes. *Hematology Am Soc Hematol Educ Program*. 2016;2016(1):462-469. 16. Hellström-Lindberg E, Tobiasson M, Greenberg P. Myelodysplastic syndromes: moving towards personalized management. *Haematologica*. 2020 Jul;105(7):1765-1779. 17. Dale DC, Crawford J, Klippel Z, et al. A systematic literature review of the efficacy, effectiveness, and safety of filgrastim. *Support Care Cancer*. 2018; 26(1): 7-20. 18. Prospecto de Neutromax®, disponible en: <https://bit.ly/3kWFA9l> (consultado en agosto de 2022). 19. Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT). Disposición 4763/2019. 20. Otremba B, Hielscher C, Petersen V, et al. Home administration of filgrastim (Nivestim™) in primary prophylaxis of chemotherapy-induced febrile neutropenia. *Patient Preference and Adherence*. 2018; 12: 2179–2186.



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**HEMAX**  
Erythropoietin



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Filgrastim  
*Factor of Life*

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