

My Desroxia (deferasirox) Handbook

Name: _____

Date: _____

Desroxia (deferasirox) Handbook

This handbook contains important information, including what is Desroxia, how it works, what it is used for and how to take Desroxia. You will also learn about monitoring your treatment, possible side effects, and taking other medicines while on Desroxia.

It is important to take your medicine as directed by your physician.

Desroxia tablets are light blue, ovaloid, biconvex, film-coated tablets with bevelled edges that may be swallowed whole on an empty stomach or with a light meal. If you are unable to swallow whole tablets, Desroxia tablets may be crushed and sprinkled onto soft food.



Tablets displayed are not actual size.

Table of Contents

Desroxia Handbook

- **What is Desroxia (deferasirox)?** _____ **4**
- **Why was I prescribed Desroxia?** _____ **4**
- **How does Desroxia work** _____ **5**
- **What is Desroxia used for** _____ **5**
- **How do I take Desroxia?** _____ **6**
- **How will my treatment be monitored?** _____ **8**
- **Does Desroxia have side effects?** _____ **9**
- **What about other medicines that I also need to take for my health?** _____ **10**
- **My progress with Desroxia** _____ **11**
- **Starting Desroxia** _____ **12**

What is Desroxia (deferasirox)?

Desroxia is an iron chelator (or chelating agent) Which is a medicine used to help remove excess iron in the body.

Why was I prescribed Desroxia?

Many kinds of conditions need transfusions. Some of these are:

- Beta thalassemia major—an inherited blood disorder in which patients do not have enough normal hemoglobin in the blood
- Other anemias (low level of hemoglobin in the blood)

If you have any of these conditions, you've probably been given a few transfusions. Transfusions have the healthy red blood cells your body needs and can help you feel better.

Every transfusion you are given contains iron. Iron is important because red blood cells use it to carry oxygen around your body. However, the body does not have its own way of removing extra iron.

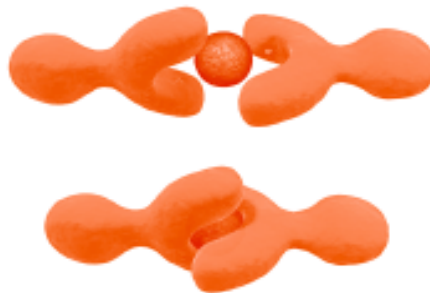
The amount of iron builds up with each transfusion. This causes extra iron in your body, called chronic iron overload. Too much iron can be harmful and damage organs like your heart and liver.

It is important to remove this extra iron to keep your iron at a safe, healthy level.

How does Desroxia work?

Desroxia works by a process called “**chelation**” (key-lay-shun).

After you have taken Desroxia, it enters your blood and “captures” extra iron it finds.



What is Desroxia used for?

Desroxia is used to treat chronic iron overload caused by frequent blood transfusions (≥ 7 ml/kg/month of packed red blood cells) in patients with beta thalassemia major aged 6 years and older.

Desroxia is also used to treat chronic iron overload when deferoxamine therapy is contraindicated or inadequate in patients with beta thalassemia major with iron overload caused by infrequent blood transfusions (< 7 ml/kg/month of packed red blood cells), in patients with other types of anemias, and in children aged 2 to 5 years.

Desroxia is also used in the treatment of chronic iron overload in patients with non-transfusion dependent thalassemia syndromes aged 10 years and older.

How do I take Desroxia?

It is important to take your medicine as directed by your physician.

What dose will I take?

Your prescribed dose of Desroxia is based on your weight, current iron level, liver and kidney function, and how often you get transfusions.

Which tablet(s) will I take?

Desroxia comes in different tablet sizes, and you may need to take more than one. Your doctor will tell you how many tablets and which size(s) you should take each day.



90 mg



360 mg

Tablets displayed are not the actual size.

When will I take Desroxia?

Desroxia tablets should be taken once a day, preferably at the same time each day, and may be taken on an empty stomach or with a light meal.

How do I take Desroxia?

How to take Desroxia tablets?

Desroxia tablets should be swallowed whole with some water. For patients who are unable to swallow whole tablets, the tablets may be crushed and administered by sprinkling the full dose onto a small amount of soft food, such as yogurt or applesauce (puréed apple). The dose should be immediately and completely consumed, and not stored for future use.

What if I forget to take my dose?

If you miss taking a dose of Desroxia, you should still take it when you remember, even if it is later in the day. Take your next dose as scheduled. Do not take a double dose on the next day to make up for the forgotten tablet(s).

What if I take more Desroxia tablets than I should?

If you take more Desroxia tablets than you should, inform your doctor immediately or contact emergency services, as medical treatment may be necessary.

How will my treatment be monitored?

While taking Desroxia, you will have regular laboratory tests. These tests will monitor how you are responding to treatment. Your dose may have to be adjusted up or down based on these tests.

Test	Before starting	Every month	Once per year
Iron Serum ferritin	✓	✓	
Kidneys Serum creatinine and/or creatinine clearance	✓ This blood test will be taken twice before starting Desroxia	✓ For the first month and in the first month after any changes in dose, you will be tested once per week; then once per month	
Liver (Serum transaminases, bilirubin, alkaline)	✓	✓ For the first month, you will be tested every 2 weeks; then once per	
Urine (Protein in urine)	✓	✓	
Hearing and vision	✓		✓
Pediatric patients: Assess body development (eg, your weight, sexual development, and how much you grow per year)	✓		✓
Weight and height	✓		✓

Your doctor may also

- Use a test called magnetic resonance imaging, or **MRI**, to check iron levels in your heart or liver
- Perform a **biopsy** of your kidneys if he/she suspects important kidney problems.

Does Desroxia have side effects?

Like all medicines, Desroxia can have side effects, though not all patients experience them. The most frequent side effects are mild to moderate and will generally disappear once you get used to treatment. This can take a few days or weeks.

Common side effects include nausea, vomiting, diarrhoea, pain in the abdomen, bloating, constipation, indigestion, rash, and headache.

Your kidney and liver function will be tested before you start Desroxia and you will be monitored regularly during treatment. (See table on previous page.)

Some side effects could be serious and need immediate medical attention.

The following side effects are uncommon or rare. Stop taking this medicine and tell your doctor straight away if you experience any of the following:

- Severe rash or difficulty breathing and dizziness, or swelling mainly of the face and throat (signs of severe allergic reaction)
- Vomiting blood and/or have black stools
- Frequent abdominal pain, particularly after eating or taking Desroxia
- Severe rash, red skin, blistering of lips, eyes or mouth, skin peeling, sore throat (signs of severe skin reaction)
- Marked decrease in your urine output (sign of kidney problem)
- A combination of drowsiness, upper right abdominal pain, yellowing or increased yellowing of your skin or eyes and dark urine (signs of liver problems)
- Severe upper stomach pain (pancreatitis)
- Frequent heartburn
- Partial vision loss
- Decreased hearing

Remember: Always tell your health care providers about any side effects you experience. If you have any serious side effects, STOP taking your medication and contact your doctor immediately.

What about other medicines that I also need to take for my health?

Desroxia must not be taken with other iron chelators.

Antacids (medicines used to treat heartburn) containing aluminum should not be taken at the same time as Desroxia.

Tell your doctor or pharmacist if you are taking or have recently taken any other medicines. This includes medicine you take without a prescription. Your doctor may need to do laboratory tests to monitor these medicines.

Important medicines to tell your doctor about include, in particular:

- Other iron chelators, which must not be taken with Desroxia
- Antacids (medicines used to treat heartburn) containing aluminum, which should not be taken at the same time as Desroxia
- Cyclosporine (used to prevent the body from rejecting a transplanted organ or for other conditions, such as rheumatoid arthritis or atopic dermatitis)
- Simvastatin (used to lower cholesterol)
- Certain painkillers or anti-inflammatory medicines (eg, aspirin, ibuprofen, corticosteroids)
- Oral bisphosphonates (used to treat osteoporosis)
- Anticoagulant medicines (used to prevent or treat blood clotting)
- Hormonal contraceptive agents (birth control medicines)
- Bepridil (a calcium channel blocker)
- Ergotamine (used as a treatment for migraine)
- Repaglinide (used to treat diabetes)
- Rifampicin (used to treat tuberculosis)
- Phenytoin, phenobarbital, carbamazepine (used to treat epilepsy)
- Ritonavir (used in the treatment of HIV infection)
- Paclitaxel (used in cancer treatment)
- Theophylline (used to treat respiratory diseases such as asthma)
- Clozapine (used to treat psychiatric disorders such as schizophrenia)
- Tizanidine (used as a muscle relaxant)
- Cholestyramine (used to lower cholesterol levels in the blood)
- Midazolam (used as a sedative and to treat anxiety and amnesia)

My progress with Desroxia

My treatment goal

The goal of Desroxia treatment is to have a healthy amount of iron in your body. Each month you will visit your doctor to track your progress toward your **treatment goal**.

Your doctor will set your treatment goals based on a blood test called a serum ferritin test. This test gives your serum ferritin level, or **SF level**. Your SF level tells your doctor how much iron is in your body. Your doctor will want to either lower your SF level or keep it where it is.

My dose

Your doctor may decide to change your dose based on your SF level, other laboratory tests, or how often you get transfusions.

After taking Desroxia for 3 to 6 months, check with your doctor that you are making progress as planned. If you are not, ask your doctor about his/her plan for helping you reach your treatment goal.

Between each visit

Other important events may occur between doctor visits. You should keep a record of them and share them with your doctor. They include:

- Side effects
- Other medicines
- Any deviation from the prescribed dose

Starting Desroxia

You can start tracking your progress once your doctor decides on your goal SF level and dose of Desroxia. Work with your doctor to fill in your treatment goals and other information, below.

Date: _____

My current SF level: _____

My treatment goal is to:	My Desroxia dosing regimen
Reduce my SF level to	I am taking
_____	<input type="checkbox"/> _____ Desroxia 90 mg tablets each day <input type="checkbox"/> _____ Desroxia 360 mg tablets each day
My weight:	Desroxia tablets:
_____	<input type="checkbox"/> I can swallow my tablets whole <input type="checkbox"/> I will crush my tablets and sprinkle them on a soft food such as yogurt or applesauce (puréed apple) and eat it immediately
	<ul style="list-style-type: none"> When will I take my medication each day? _____

