My Exjade/Jadenu (deferasirox) Handbook

NAME _____ DATE _____

This document has been approved by Saudi Food and Drug Authority (SFDA).

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Exjade/Jadenu (deferasirox) Handbook

What is Exjade/Jadenu (deferasirox) used for?

This handbook contains important information about Exjade/Jadenu (deferasirox) . You'll learn about taking Exjade/Jadenu (deferasirox) the right way, depending on which form your doctor prescribed, as well as about monitoring your treatment, possible side effects, and taking other medicines while on Exjade/Jadenu (deferasirox) .

Exjade/Jadenu (deferasirox) is available in multiple forms. Each has a specific shape and color and is taken differently

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

1) Jadenu (deferasirox) film-coated tablets are blue, oval tablets. They may be swallowed whole on an empty stomach or with a light meal. If you are unable to swallow whole tablets, Jadenu (deferasirox) film-coated tablets may be crushed and sprinkled onto soft food.

3) Exjade(deferasirox) dispersible tablets are white to slightly yellow, round tablets. They must be dissolved in liquid and taken on an empty stomach.

Tablets displayed are not actual size.

What is deferasirox (Exjade/Jadenu)?

Exjade/Jadenu (deferasirox) helps to remove excess iron in the body. Because of this, it is known as an “iron chelator” or “chelation agent.”

Why was I prescribed Exjade/Jadenu (deferasirox) ?

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

- β-thalassemia major
- Sickle cell disease, or SCD
- Lower-risk myelodysplastic syndromes, or MDS
- Other anemias

If you have one of these conditions, you’ve probably received several blood 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.

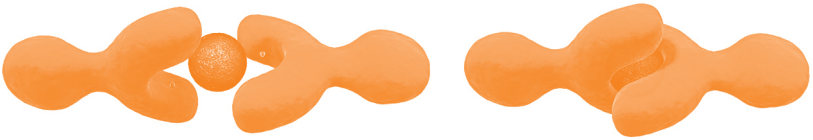
The amount of iron builds up with each transfusion, and this extra iron in your body, may lead to a condition called **chronic iron overload**. Too much iron can be harmful and damage organs like your heart and liver.

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

How does Exjade/Jadenu (deferasirox) work?

Exjade/Jadenu (deferasirox) works by a process called **“chelation”** (key-lay-shun).

After you swallow Exjade/Jadenu (deferasirox) , Exjade/Jadenu (deferasirox) enters your blood and” “captures” extra iron available.



What is Exjade/Jadenu (deferasirox) used for?

Exjade/Jadenu (deferasirox) is used to treat chronic iron overload caused by frequent bloodtransfusions in patients aged 6 years and older with a blood disorder called b-thalassemia major.

Exjade/Jadenu (deferasirox) is also used to treat chronic iron overload when a medicationcalled deferoxamine should not be used or did not improve outcomes in patients with b-thalassemia major and iron overload caused by infrequent blood transfusions, in patients with other types of blood disorders called anemias, and in children aged 2 to 5 years.

Exjade/Jadenu (deferasirox) is also used when deferoxamine should not be used or did not improve outcomes in patients aged 10 years or older who have iron overload associated with their thalassemia syndromes, but who are nottransfusion dependent.

How do I take Jadenu (deferasirox) film-coated tablet?

What dose will I take?

Your prescribed dose of Jadenu (deferasirox) film-coated tablets is based on your weight, current iron level, liver and kidney function, and how often you get transfusions.

If you are switching from Exjade (deferasirox) dispersible tablets to Jadenu (deferasirox) film-coated tablets, you will need a lower dose. If you are changing from a different medication (such as deferoxamine) to Jadenu (deferasirox) film-coated tablets, your doctor may choose your Jadenu (deferasirox) dose based on how much of the previous medication you were taking.

Which tablet(s) will I take?

Jadenu (deferasirox) film-coated tablets 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.

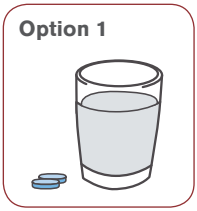
Jadenu (deferasirox) film-coated tablets

90 mg

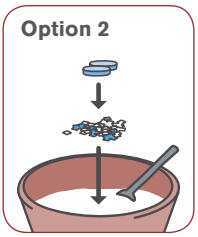
180 mg

360 mg

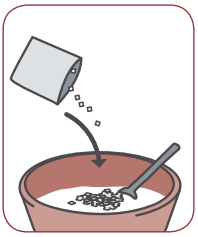
How and when to take Exjade/Jadenu (deferasirox) film-coated tablets



Jadenu (deferasirox) film-coated tablets should be swallowed whole with some water. If you're unable to swallow whole tablets, you can crush the Jadenu (deferasirox) film-coated tablets and sprinkle the full dose onto a small amount of soft food, such as yogurt or applesauce (puréed apple).
You should immediately and completely consume the entire dose and not store any for future use.



Jadenu (deferasirox) film-coated tablets should be taken once a day. You should ideally take your Jadenu (deferasirox) at the same time each day. Jadenu (deferasirox) film-coated tablets may be taken on an empty stomach or with a light meal.



What if I forget to take my dose?

If you miss taking a dose of Exjade/Jadenu (deferasirox) , 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 Jadenu (deferasirox) tablets than I should?

If you have taken too much Jadenu (deferasirox) , or if someone else accidentally takes your tablets, contact your doctor or hospital for advice straight away.
Show the doctor the pack of tablets. Urgent medical treatment may be necessary. You may experience effects such as abdominal pain, diarrhoea, nausea and vomiting and kidney or liver problems that can be serious.

How do I take Exjade (deferasirox) dispersible tablets?

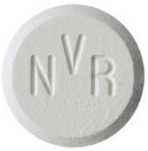
What dose will I take?

Your prescribed dose of Exjade (deferasirox) dispersible tablets is based on your weight, current iron level, liver and kidney function, and how often you get transfusions. If you are changing to Exjade (deferasirox) dispersible tablets from a different medication (such as deferoxamine), your doctor may choose your Exjade (deferasirox) dose based on how much of the previous medication you were taking.

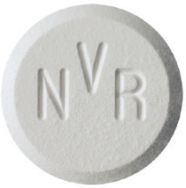
Which tablet(s) will I take?

Exjade (deferasirox) dispersible tablets come 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.

125 mg



250 mg



500 mg

Tablets shown actual size.

When will I take Exjade (deferasirox) dispersible tablets?

You should take your Exjade (deferasirox) dispersible tablets once a day and at the same time each day. Taking Exjade (deferasirox) at the same time each day will help you remember when you should take your tablet. Exjade (deferasirox) dispersible tablets should be taken on an empty stomach at least 30 minutes before eating.

How do I store Exjade (deferasirox) ?

You should store your Exjade (deferasirox) tablets in their original packaging to protect against moisture.

Steps to take Exjade (deferasirox) dispersible tablets

Step 1:
DROP your Exjade (deferasirox) dispersible tablet(s) into a glass of orange juice, apple juice, or water. You can also use the Exjade (deferasirox) mixer bottle. Make sure that you use the exact amount of liquid directed by your doctor.

Step 2:
STIR until the Exjade (deferasirox) tablet(s) completely dissolve. The liquid in the glass will look cloudy and the consistency of the mixture may be thick.

Step 3:
DRINK all of the Exjade (deferasirox) mixture immediately. Then add a little water or juice to what is left in the glass, swirl the liquid around and drink that, too.

Do not chew or swallow tablets whole. Do not break or crush the tablets.

Do not dissolve your Exjade (deferasirox) dispersible tablets in fizzy drinks or milk.

What if I forget to take my dose?

If you miss taking a dose of Exjade (deferasirox) , 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 Exjade (deferasirox) tablets than I should?

If you have taken too much Exjade (deferasirox) , or if someone else accidentally takes your tablets, contact your doctor or hospital for advice straight away. Show the doctor the pack of tablets. Urgent medical treatment may be necessary. You may experience effects such as abdominal pain, diarrhoea, nausea and vomiting and kidney or liver problems that can be serious.

How will my treatment be monitored?

While taking Exjade/Jadenu (deferasirox) , you will have regular laboratory tests. These tests will monitor how you are responding to treatment. Your doctor may adjust your Exjade/Jadenu (deferasirox) dose up or down based on these tests.

Test	Before starting Exjade/Jadenu (deferasirox)	Every month	Once per year
Iron Serum ferritin	✓	✓	
Kidneys Serum creatinine	✓ This blood test will be taken **twice** before starting Exjade/Jadenu (deferasirox)	✓ 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	
Creatinine clearance	✓	✓ 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 phosphatase)	✓	✓ For the first month, you will be tested every 2 weeks; then once per month	
Urine (Protein in urine)	✓	✓	
Hearing and vision	✓		✓
Pediatric patients: Assess body development (eg, your weight, sexual development, and how much you grow per year)	✓		✓

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 kidney problems

Does Exjade/Jadenu (deferasirox) have side effects?

Like all medicines, Exjade/Jadenu (deferasirox) can have side effects. However, not all patients experience them. The most frequent side effects are mild to moderate and usually go away once you get used to treatment. This can take a few days or weeks.

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

Your kidney and liver function will be tested before you start Exjade/Jadenu (deferasirox) and will be checked regularly during treatment. (See table on previous page.)

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

These side effects are uncommon or rare. Stop taking this medicine and tell your doctor right 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),
- Rash, red skin, blistering of lips, eyes or mouth, skin peeling, high fever, flu-like symptoms, enlarged lymph nodes, (signs of severe skin reactions);
- Marked decrease in the amount of urine your body produces (sign of kidney problem);
- Vomiting blood and/or have black stools;
- A combination of drowsiness, upper-right abdominal pain, yellowing or increased yellowing of your skin or eyes and dark urine (signs of liver problems);
- If you experience difficulty thinking, remembering information, or solving problems, being less alert or aware or feeling very sleepy with low energy (potential signs of a high level of ammonia in your blood, which may be associated with liver or renal problems and lead to a change in your brain function)
- Frequent abdominal pain, particularly after eating or taking Exjade/Jadenu (deferasirox) ;
- Severe upper stomach pain;
- Frequent heartburn;
- Partial vision loss

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

For more details on side effects and serious side effects, please see the Patient Leaflet.

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

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 Deferasirox
- Antacids (medicines used to treat heartburn) containing aluminum, which should not be taken at the same time as Deferasirox
- 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 (used as a treatment for heart problems and migraines)
- 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)
- Busulfan (used as a treatment prior to transplantation in order to destroy the original bone marrow before the transplant)

Contraception

If you are currently using an oral contraceptive or using a patch contraceptive to prevent pregnancy, you should use an additional or different type of contraception (eg, condom), as Exjade/Jadenu (deferasirox) may reduce the effectiveness of oral and patch contraceptives.

My progress with Exjade/Jadenu (deferasirox)

My treatment goal

The goal of Exjade/Jadenu (deferasirox) 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 serum ferritin (SEER-um FAIR-it-in), or **SF**, test. This test 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 Exjade/Jadenu (deferasirox) 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 dosage

My background information

Your background information is helpful for both you and your doctor when planning your treatment with Exjade/Jadenu (deferasirox). Ask your doctor if you need help answering these questions.

General information

First name _____

Last name _____

Date of birth _____

Diagnosis _____

Have I been given transfusions? If so, how many and how often?

_____

_____

Do I have any other health issues?

_____

_____

Am I taking any medicine right now for other health issues?

_____

_____

Do I have any allergies?

_____

_____

Starting Exjade/Jadenu (deferasirox)

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

Date: _____ **My current SF level:** _____

My treatment goal is to:

Reduce my SF level to

_____

My weight:

_____

My Exjade/Jadenu (deferasirox) dosing regimen

I am taking

☐ Jadenu (deferasirox) film-coated tablets

☐ Exjade (deferasirox) dispersible tablets

- How many tablets will I take each day?

If Jadenu (deferasirox) film-coated tablets:

☐ I can swallow my tablets whole

☐ I will crush my tablets and sprinkle them on a soft food such as yogurt or applesauce (puréed apple) and eat it immediately

- When will I take my medication each day?

_____

Notes: Write down any notes or questions from your visit.

_____

_____

_____

_____

_____

_____

JADENU*

Important note: Before prescribing, consult full prescribing information. **Presentation:** *JADENU film-coated tablets*

Film-coated tablets containing 90 mg, 180 mg or 360 mg of deferasirox. **Indications**: JADENU is indicated for the treatment of chronic iron overload due to frequent blood transfusions (≥7 ml/kg/month of packed red blood cells) in patients with beta thalassaemia major aged 6 years and older. JADENU is also indicated for the treatment of chronic iron overload due to blood transfusions when deferoxamine therapy is contraindicated or inadequate in the following patient groups: -in paediatric patients with beta thalassaemia major with iron overload due to frequent blood transfusions (<7 ml/kg/month of packed red blood cells) aged 2 to 5 years, -in adult and paediatric patients with beta thalassaemia major with iron overload due to infrequent blood transfusions (<7 ml/kg/month of packed red blood cells) aged 2 years and older,-in adult and paediatric patients with other anaemias aged 2 years and older. JADENU is also indicated for the treatment of chronic iron overload requiring chelation therapy when deferoxamine therapy is contraindicated or inadequate in patients with non transfusion dependent thalassaemia syndromes aged 10 years and older. **Dosage:** Treatment with JADENU should be initiated and maintained by physicians experienced in the treatment of chronic iron overload. Transfusional iron overload It is recommended that treatment be started after the transfusion of approximately 20 units (about 100 ml/kg) of packed red blood cells (PRBC) or when there is evidence from clinical monitoring that chronic iron overload is present (e.g. serum ferritin >1,000 µg/l). Doses (in mg/kg) must be calculated and rounded to the nearest whole tablet size. The goals of iron chelation therapy are to remove the amount of iron administered in transfusions and, as required, to reduce the existing iron burden. JADENU film-coated tablets demonstrate higher bioavailability compared to the JADENU dispersible tablet formulation (see section 5.2). In case of switching from dispersible tablets to film-coated tablets, the dose of the film-coated tablets should be 30% lower than the dose of the dispersible tablets, rounded to the nearest whole tablet. The corresponding doses for both formulations are shown in the table below

Starting dose	**Film-Coated Tablets**	**Dispersible tablets**	**Transfusions**		**Serum ferrittin**
Starting dose	**14 mg/kg/day**	**20mg/kg/day**	**After20 units (about 100 ml/kg) of PRBC**	**or**	**> 1,000 µg/l**
Alternative starting dose	**21mg/kg/day**	**30mg/kg/day**	**> 14 ml/kg/month of PRBC (approx.<4units/ month for an adult)**		
	7mg/kg/day	**10mg/kg/day**	**< 7 ml/kg/month of PRBC (approx. <2units/month for an adult)**		
For patients well managed on deferoxamine	**One third of deferoxamine dose**	**Half of deferoxamine dose**			
Monitoring					**Monthly**
Target range					**500-1,000 µg/l**
Adjestment Steps (every 3-6 months)	**Increase**				**<2,500 µg/l**
	3.5 – 7 mg/kg/day up to 28mg/ kg/day	**5 mg/kg/dayup to 40mg/kg/day**			
	Decrease				**<2,500 µg/l**
	3.5 – 7 mg/kg/day in patients treated with dose > 21 mg/kg/day	**5-10 mg/kg/day in patients treated with dose > 30 mg/kg/day**			
	When target is reached				**500-1,000 µg/l**
Maximum dose	**21mg/kg/day**	**40mg/kg/day**			
Consider interruption					**< 500µg/l**

Starting dose: The recommended initial daily dose of JADENU film-coated tablets is 14 mg/kg body weight. An initial daily dose of 21 mg/kg may be considered for patients who require reduction of elevated body iron levels and who are also receiving more than 14 ml/kg/month of packed red blood cells (approximately >4 units/month for an adult).An initial daily dose of 7 mg/kg may be considered for patients who do not require reduction of body iron levels and who are also receiving less than 7 ml/kg/month of packed red blood cells (approximately <2 units/month for an adult). The patient's response must be monitored and a dose increase should be considered if sufficient efficacy is not obtained.For patients already well managed on treatment with deferoxamine, a starting dose of JADENUfilm-coated tablets that is numerically one third that of the deferoxamine dose could be considered (e.g. a patient receiving 40 mg/kg/day of deferoxamine for 5 days per week (or equivalent) could be transferred to a starting daily dose of 14 mg/kg/day of JADENU film-coated tablets). When this results in a daily dose less than 14 mg/kg body weight, the patient's response must be monitored and a dose increase should be considered if sufficient efficacy is not obtained. Dose adjustment It is recommended that serum ferritin be monitored every month and that the dose of JADENU be adjusted, if necessary, every 3 to 6 months based on the trends in serum ferritin. Dose adjustments may be made in steps of 3.5 to 7 mg/kg and are to be tailored to the individual patient's response and therapeutic goals (maintenance or reduction of iron burden). In patients not adequately controlled with doses of 21 mg/kg (e.g. serum ferritin levels persistently above 2,500 µg/l and not showing a decreasing trend over time), doses of up to 28 mg/kg may be considered. The availability of long-term efficacy and safety data with JADENU dispersible tablets used at doses above 30 mg/kg is currently limited (264 patients followed for an average of 1 year after dose escalation). If only very poor haemosiderosis control is achieved at doses up to 21 mg/kg, a further increase (to a maximum of 28 mg/kg) may not achieve satisfactory control, and alternative treatment options may be considered. If no satisfactory control is achieved at doses above 21 mg/kg, treatment at such doses should not be maintained and alternative treatment options should be considered whenever possible. Doses above 28 mg/kg are not recommended because there is only limited experience with doses above this level. In patients treated with doses greater than 21 mg/kg, dose reductions in steps of 3.5 to 7 mg/kg should be considered when control has been achieved (e.g. serum ferritin levels persistently below 2,500 µg/l and showing a decreasing trend over time). In patients whose serum ferritin level has reached the target (usually between 500 and 1,000 µg/l), dose reductions in steps of 3.5 to 7 mg/kg should be considered to maintain serum ferritin levels within the target range. If serum ferritin falls consistently below 500 µg/l, an interruption of treatment should be considered. *Non-transfusion-dependent thalassaemia syndromes* Chelation therapy should only be initiated when there is evidence of iron overload (liver iron concentration [LIC] ≥5 mg Fe/g dry weight [dw] or serum ferritin consistently >800 µg/l). LIC is the preferred method of iron overload determination and should be used wherever available. Caution should be taken during chelation therapy to minimise the risk of over-chelation in all patients. JADENU film-coated tablets demonstrate higher bioavailability compared to the JADENU dispersible tablet formulation (see section 5.2). In case of switching from dispersible tablets to film-coated tablets, the dose of the film-coated tablets should be 30% lower than the dose of the dispersible tablets, rounded to the nearest whole tablet. The corresponding doses for both formulations are shown in the table below.

	Film-Coated Tablets	**Dispersible tablets**	**Liver iron concentration (LIC)***		**Serum ferrittin**
Starting dose	**7mg/kg/day**	**10mg/kg/day**	**≥ mg/g dw**	**or**	**> 800 µg/l**
Monitoring					**Monthly**
Adjestment Steps (every 3-6 months)	**Increase**		**≥7mg Fe/g dw**	**or**	**>2,000 µg/l**
	3.5–7mg/kg/day	**5-10mg/kg/day**			
	Decrease		**<7mg Fe/g dw**	**or**	**≤2,000 µg/l**
	3.5–7mg/kg/day	**5-10mg/kg/day**			

Maximum dose	**14 mg/kg/day**	**20 mg/kg/day**			
	7 mg/kg/day	**10mg/kg/day**			
	For adults **For paediatric patients**		**Not assessed**	**and**	**≤2,000 µg/l**
interruption			**<3mg Fe/g dw**	**or**	**<300 µg/l**
Retreatment			**Not recommended**		

Starting dose: The recommended initial daily dose of JADENU film-coated tablets in patients with non-transfusion-dependent thalassaemia syndromes is 7 mg/kg body weight. Dose adjustment It is recommended that serum ferritin be monitored every month. After every 3 to 6 months of treatment, a dose increase in increments of 3.5 to 7 mg/kg should be considered if the patient's LIC is ≥7 mg Fe/g dw, or if serum ferritin is consistently >2,000 µg/l and not showing a downward trend, and the patient is tolerating the medicinal product well. Doses above 14 mg/kg are not recommended because there is no experience with doses above this level in patients with non-transfusion-dependent thalassaemia syndromes. In patients in whom LIC was not assessed and serum ferritin is ≤2,000 µg/l, dosing should not exceed 7 mg/kg. For patients in whom the dose was increased to >7 mg/kg, dose reduction to 7 mg/kg or less is recommended when LIC is <7 mg Fe/g dw or serum ferritin is ≤2,000 µg/l. *Treatment cessation* Once a satisfactory body iron level has been achieved (LIC <3 mg Fe/g dw or serum ferritin <300 µg/l), treatment should be stopped. There are no data available on the retreatment of patients who reaccumulate iron after having achieved a satisfactory body iron level and therefore retreatment cannot be recommended. *Special populations Elderly patients (≥65 years of age)* The dosing recommendations for elderly patients are the same as described above. In clinical studies, elderly patients experienced a higher frequency of adverse reactions than younger patients (in particular,diarrhoea) and should be monitored closely for adverse reactions that may require a dose adjustment. *Paediatric population* -Transfusional iron overload: The dosing recommendations for paediatric patients aged 2 to 17 years with transfusional iron overload are the same as for adult patients. Changes in weight of paediatric patients over time must be taken into account when calculating the dose. In children with transfusional iron overload aged between 2 and 5 years, exposure is lower than in adults. This age group may therefore require higher doses than are necessary in adults. However, the initial dose should be the same as in adults, followed by individual titration. Non-transfusion-dependent thalassaemia syndromes: In paediatric patients with non-transfusion-dependent thalassaemia syndromes, dosing should not exceed 7 mg/kg. In these patients, closer monitoring of LIC and serum ferritin is essential to avoid overchelation: in addition to monthly serum ferritin assessments, LIC should be monitored every three months when serum ferritin is ≤800 µg/l. Children from birth to 23 months: The safety and efficacy of JADENU in children from birth to 23 months of age have not been established. No data are available. *Patients with renal impairment* JADENU has not been studied in patients with renal impairment and is contraindicated in patients with estimated creatinine clearance <60 ml/min. *Patients with hepatic impairment* JADENU is not recommended in patients with severe hepatic impairment (Child-Pugh Class C). In patients with moderate hepatic impairment (Child-Pugh Class B), the dose should be considerably reduced followed by progressive increase up to a limit of 50% (see sections 4.4 and 5.2), and JADENU must be used with caution in such patients. Hepatic function in all patients should be monitored before treatment, every 2 weeks during the first month and then every month.Method of administration For oral use.The film-coated tablets should be swallowed whole with some water. For patients who are unable toswallow whole tablets, the film-coated tablets may be crushed and administered by sprinkling the fulldose onto soft food, e.g. yogurt or apple sauce (pureed apple). The dose should be immediately andcompletely consumed, and not stored for future use.The film-coated 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. **Contraindications**: •Hypersensitivity to the active substance or to any of the excipients. • Combination with other iron chelator therapies as the safety of such combinations has not been established. •Patients with estimated creatinine clearance <60 ml/min.**Women of child-bearing potential, pregnancy, breast-feeding and fertility: •Pregnancy:** No clinical data on exposed pregnancies are available for deferasirox. Studies in animals have shown some reproductive toxicity at maternally toxic doses. The potential risk for humans is unknown. As a precaution, it is recommended that JADENU not be used during pregnancy unless clearly necessary. **•Breast-feeding**: It is not known if deferasirox is secreted into human milk. Breast-feeding while taking JADENU is not recommended. **•Fertility**: No fertility data is available for humans. In animals, no adverse effects on male or female fertility were found. **Warnings/Precautions:•**Particular attention should be paid to monitoring of serum creatinine in patients who are concomitantly receiving medicinal products that depress renal function, and in patients who are receiving high doses of deferasirox and/or low rates of transfusion (<7 ml/kg/month of packed red blood cells or <2 units/month for an adult). •Increased risk of renal adverse events with film coated tablets doses above 21 mg/kg cannot be excluded. •Serum creatinine, creatinine clearance and/or plasma cystatin C levels should be monitored prior to therapy, weekly in the first month after initiation or modification of therapy with JADENU (including switch of formulation), and monthly thereafter. •Interruption of JADENU therapy should be considered in patients who develop metabolic acidosis. •Dose reduction or interruption may be also considered if abnormalities occur in levels of markers of renal tubular function and/or as clinically indicated. •Renal tubulopathy has been mainly reported in children and adolescents with beta thalassaemia treated with JADENU. •Patients should be referred to a renal specialist, and further specialised investigations (such as renal biopsy) may be considered if the following occur despite dose reduction and interruption: Serum creatinine remains significantly elevated and Persistent abnormality in another marker of renal function (e.g. proteinuria, Fanconi Syndrome). • It is recommended that serum transaminases, bilirubin and alkaline phosphatase be checked before the initiation of treatment, every 2 weeks during the first month and monthly thereafter. •If there is a persistent and progressive increase in serum transaminase levels that cannot be attributed to other causes, JADENU should be interrupted. •JADENU is not recommended in patients with severe hepatic impairment. •Treatment with JADENU is not recommended in patients with a short life expectancy, especially when co morbidities could increase the risk of adverse events. •Caution in elderly patients due to a higher frequency of adverse reactions. •JADENU therapy should be closely monitored to detect adverse reactions and to follow iron burden in the paediatric population. •Physicians and patients should remain alert for signs and symptoms of gastrointestinal ulceration and haemorrhage during JADENU therapy and promptly initiate additional evaluation and treatment if a serious gastrointestinal adverse reaction is suspected. •Caution should be exercised in patients who are taking JADENU in combination with substances that have known ulcerogenic potential, such as NSAIDs, corticosteroids, or oral bisphosphonates, in patients receiving anticoagulants and in patients with platelet counts below 50,000/mm3 (50 x 109/l). •Skin rashes may appear during JADENU treatment. The rashes resolve spontaneously in most cases. When interruption of treatment may be necessary, treatment may be reintroduced after resolution of the rash, at a lower dose followed by gradual dose escalation. •If SJS or any other severe skin reaction is suspected, JADENU should be discontinued immediately and should not be reintroduced. •Cases of serious hypersensitivity reactions have been reported in patients receiving deferasirox If such reactions occur, JADENU should be discontinued and appropriate medical intervention instituted. Deferasirox should not be reintroduced in patients who have experienced a hypersensitivity reaction due to the risk of anaphylactic shock. •Auditory and ophthalmic testing is recommended before the start of treatment and at regular intervals thereafter (every 12 months). If disturbances are noted during the treatment, dose reduction or interruption may be considered. •Interruption of treatment should be considered in patients who develop unexplained cytopenia. •Monthly monitoring of serum ferritin is recommended in order to assess the patient's response to therapy. If serum ferritin falls consistently below 500 µg/l (in transfusional iron overload) or below 300 µg/l (in non transfusion dependent thalassaemia syndromes), an interruption of treatment should be considered. •The results of the tests for serum creatinine, serum ferritin and serum transaminases should be recorded and regularly assessed for trends. •In the management of paediatric patients with transfusional iron overload, body weight, height and sexual development should be monitored prior to therapy and at regular intervals (every 12 months). •Cardiac function should be monitored in patients with severe iron overload during long term treatment with JADENU. **Interactions:** • Deferasirox must not be combined with other iron chelator therapies. •JADENU film coated tablets may be taken either on an empty stomach or with a light meal, preferably at the same time each day. •The patient's serum ferritin should be monitored during and after the combination, and the dose of JADENU adjusted if necessary when concomitantly used with potent UGT inducers (e.g. rifampicin, phenytoin, phenobarbital, ritonavir). •Cholestyramine significantly reduced the deferasirox exposure in a mechanistic study to determine the degree of enterohepatic recycling. •Caution when combined with drugs metabolized through CYP3A4 (e.g. ciclosporin, simvastatin, hormonal contraceptive agents, bepridil, ergotamine,). •The concomitant use of deferasirox with repaglinide should be avoided. If the combination appears necessary, careful clinical and blood glucose monitoring should be performed. Interaction with other CYP2C8 substrates like paclitaxel cannot be excluded. •Consider monitoring of theophylline concentration and possible theophylline dose reduction. Interaction with other CYP1A2 substrates cannot be excluded. For substances that are predominantly metabolised by CYP1A2 and that have a narrow therapeutic index (e.g. clozapine, tizanidine), the same recommendations apply as for theophylline. •It is not recommended to take deferasirox with aluminium-containing antacids. •Caution when combined with drugs with ulcerogenic potential (e.g. NSAIDS, corticosteroids, oral bisphosphonates) or with anticoagulants.**Adverse reactions:** •Very common (≥1/10): blood creatinine increased. •Common(≥1/100 to <1/10): headache, diarrhea, constipation, vomiting, nausea, abdominal pain, abdominal distension, dyspepsia, transaminases increased, rash, pruritus, proteinuria. •Uncommon(≥1/1,000 to <1/100): anxiety, sleep disorder, dizziness, cataracts, maculopathy, deafness, laryngeal pain, gastrointestinal hemorrhage, gastric ulcer (including multiple ulcers), duodenal ulcer, gastritis, hepatitis, cholelithiasis, pigmentation disorder, renal tubular disorder (acquired Fanconi syndrome), glycosuria, pyrexia, oedema, fatigue. •Rare (≥1/10,000 to <1/1,000): optic neuritis, esophagitis. •Not known: Pancytopenia, thrombocytopenia, anaemia aggravated, neutropenia, hypersensitivity reactions (including anaphylactic reactions and angioedema), metabolic acidosis, gastrointestinal perforation, acute pancreatitis, hepatic failure, Stevens Johnson syndrome, hypersensitivity vasculitis, urticaria, erythema multiforme, alopecia, toxic epidermal necrolysis (TEN), acute renal failure, tubulointerstitial nephritis, nephrolithiasis, renal tubular necrosis,

Version: 3.1

EXJADE
Important note: Before prescribing, consult full prescribing information.
Presentation: dispersible tablets containing 125 mg, 250 mg or 500 mg of deferasirox.
Indications: • for adults and pediatric patients aged 10 years and over with chronic iron overload due to blood transfusions (transfusional hemosiderosis). • for adults and pediatric patients aged 10 years and over with non-transfusion-dependent thalassemia syndromes and iron overload.

Dosage: Transfusional iron overload • Starting daily dose: recommended initial daily dose is 20 mg/kg body weight; consider 30 mg/kg for patients receiving >14 mL/kg/month of packed red blood cells (>4 units/month), and for whom the objective is the reduction of iron overload; consider 10 mg/kg for patients receiving <7 mL/kg/month of packed red blood cells (<2 units/month), and for whom the objective is the maintenance of the body iron level; for patients already well-managed on treatment with deferoxamine, consider a starting dose of EXJADE that is numerically half that of the deferoxamine dose. 50% starting dose reduction in moderate hepatic impairment (Child-Pugh B). Should not be used in severe hepatic impairment (Child-Pugh C). • Monthly monitoring of serum ferritin for assessing patient's response to therapy. • Dose adjustment if necessary every 3 to 6 months based on serum ferritin trends. Dose adjustments should be made in steps of 5 to 10 mg/kg. In patients not adequately controlled with doses of 30 mg/kg, doses of up to 40 mg/kg may be considered. In patients whose serum ferritin level has reached the target (usually between 500 and 1000 microgram/L), dose reductions in steps of 5 to 10 mg/kg should be considered to maintain serum ferritin levels within the target range. EXJADE should be interrupted if serum ferritin falls consistently below 500 micrograms/L. • Maximum daily dose is 40 mg/kg body weight.

Dosage: Non-transfusion-dependent thalassemia syndromes and iron overload • Starting daily dose: recommended initial daily dose is 10 mg/kg body weight. Therapy should only be initiated when there is evidence of iron overload: liver iron concentration (LIC)≥ 5 mg Fe/g dry weight (dw) or serum ferritin consistently >800 microgram/L. • In patients with no LIC assessment, caution should be taken during chelation therapy to minimize the risk of over-chelation. • Dose adjustment should be considered every 3 to 6 months in steps of 5 to 10 mg/kg if the patient's LIC is ≥ 7 mg Fe/g dw, or serum ferritin is consistently >2,000 microgram/L, and not showing a downward trend, and the patient is tolerating the drug well. Once a satisfactory body iron level has been achieved (LIC <3 mg Fe/g dw or serum ferritin <300 microgram/L), treatment should be interrupted. • 50% starting dose reduction in moderate hepatic impairment (Child-Pugh B). Should not be used in severe hepatic impairment (Child-Pugh C). • Maximum daily dose is 20 mg/kg body weight.

Administration: EXJADE must be taken once daily on an empty stomach at least 30 minutes before food. • EXJADE tablets to be dispersed in water or apple or orange juice.

Contraindications: • Hypersensitivity to deferasirox or to any of the excipients. • Creatinine clearance <40 mL/min or serum creatinine >2 times the age-appropriate upper limit of normal. • High risk MDS patients and patients with other hematological and non-hematological malignancies who are not expected to benefit from chelation therapy due to the rapid progression of their disease.

Women of child-bearing potential, pregnancy, breast-feeding and fertility: • Pregnancy: No clinical data on exposed pregnancies are available for deferasirox. Studies in animals have shown some reproductive toxicity at maternally toxic doses. The potential risk for humans is unknown. As a precaution, it is recommended that EXJADE not be used during pregnancy unless clearly necessary. • Breast-feeding: It is not known if deferasirox is secreted into human milk. • Breast-feeding while taking EXJADE is not recommended. • Fertility: EXJADE did not affect fertility or reproduction in rat studies even at toxic doses.

Warnings/Precautions: • Caution in elderly patients due to a higher frequency of adverse reactions. • Caution in patients with creatinine clearance between 40 and less than 60 mL/min, particularly in cases where there are additional risk factors that may impair renal function. Monthly monitoring of creatinine clearance, serum creatinine and proteinuria: dose reduction may be needed in some cases of non-progressive increase in serum creatinine; EXJADE should be interrupted if serum creatinine shows a progressive rise beyond the age-appropriate upper limit of normal. More frequent creatinine monitoring recommended in patients with an increased risk of renal complications. Rare reports of acute renal failure, some of which required dialysis. Reports of renal tubulopathy mainly in children with beta-thalassemia and serum ferritin levels <1,500 microgram/L. • Not recommended in patients with severe hepatic impairment (Child-Pugh C). Monitoring of serum transaminases, bilirubin and alkaline phosphatase: before the initiation of treatment, every 2 weeks during the first month and monthly thereafter. EXJADE should be interrupted if persistent and progressive unattributable increase in serum transaminases levels. Post-marketing cases of hepatic failure have been reported. • Gastrointestinal irritation may occur. Upper gastrointestinal ulceration and hemorrhage have been reported in patients, including children and adolescents. Multiple ulcers have been observed in some patients. There have been rare reports of fatal GI hemorrhages, especially in elderly patients who had advanced hematologic malignancies and/or low platelet counts. Caution in patients with platelet counts <50 x 109/L. • Cases of Stevens-Johnson syndrome (SJS) have been reported during the post-marketing period. If SJS is suspected EXJADE should be discontinued. • Skin rashes: EXJADE should be interrupted if severe rash develops. • Discontinue if severe hypersensitivity reaction occurs.
• Annual ophthalmological/audiological testing. • Should not be used during pregnancy unless clearly necessary. • Not recommended when breast-feeding. • Must not be combined with other iron chelator therapies. • Product contains lactose.

Interactions: • Should not be taken with aluminium-containing antacids. • Caution when combined with drugs metabolized through CYP3A4 (e.g. ciclosporin, simvastatin, hormonal contraceptive agents, midazolam). • Increases in the dose of Exjade should be considered when concomitantly used with potent UGT inducers (e.g. rifampicin, phenytoin, phenobarbital, ritonavir). • Careful monitoring of glucose levels should be performed when repaglinide is used concomitantly with EXJADE. Interaction with other CYP2C8 substrates like paclitaxel cannot be excluded. • Consider monitoring of theophylline concentration and possible theophylline dose reduction. • Interaction with other CYP1A2 substrates may be possible. • Caution when combined with drugs with ulcerogenic potential (e.g. NSAIDS, corticosteroids, oral bisphosphonates) or with anticoagulants.

Adverse reactions: • Very common: blood creatinine increased. • Common: nausea, vomiting, diarrhea, abdominal pain, abdominal distension, constipation, dyspepsia, rash, pruritus, transaminases increased, proteinuria, headache. • Uncommon: anxiety, sleep disorder, dizziness, early cataracts, maculopathy, hearing loss, pharyngolaryngeal pain, gastrointestinal hemorrhage, gastric ulcer (including multiple ulcers), duodenal ulcer, gastritis, hepatitis, cholelithiasis, pigmentation disorder, renal tubulopathy (Fanconi's syndrome), pyrexia, edema, fatigue. • Rare: optic neuritis, erythema multiforme, esophagitis. • Adverse drug reactions from post-marketing (frequency unknown) : Stevens-Johnson syndrome, acute renal failure, tubulointerstitial nephritis, hepatic failure, leukocytoclastic vasculitis, urticaria, alopecia, hypersensitivity reactions (including anaphylaxis and angioedema), aggravated anemia and cytopenia (relationship with EXJADE uncertain).

Packs and Prices: Country specific.
Legal classification: Country specific.

You can report any problem or adverse events or For extra copies please contact the below numbers:
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