Part VI: Summary of the risk management plan

Summary of risk management plan for

Deferasirox Stada 90mg, 180mg and 360mg film-coated tablets

This is a summary of the risk management plan (RMP) for Deferasirox Stada. The RMP details important risks of Deferasirox Stada, how these risks can be minimised, and how more information will be obtained about Deferasirox Stada's risks and uncertainties (missing information).

Deferasirox Stada's summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how Deferasirox Stada should be used.

Important new concerns or changes to the current ones will be included in updates of Deferasirox Stada's RMP.

I. The medicine and what it is used for

Deferasirox Stada is authorised 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; for the treatment of chronic iron overload due to blood transfusions when deferoxamine therapy is contraindicated or inadequate; 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 (see SmPC for the full indication). It contains deferasirox, as the active substance and it is given orally as 90 mg, 180 mg and 360 mg film-coated tablets.

II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of Deferasirox Stada, together with measures to minimise such risks and the proposed studies for learning more about Deferasirox Stada's risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine’s packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine’s legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In the case of Deferasirox Stada, these measures are supplemented with *additional risk minimisation measures* mentioned under relevant important risks, below.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

If important information that may affect the safe use of Deferasirox Stada is not yet available, it is listed under 'missing information' below.

II.A List of important risks and missing information

Important risks of Deferasirox Stada are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely administered. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Deferasirox Stada. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine);

List of important risks and missing information	
Important identified risks	• Renal disorders (increased serum creatinine, acute renal failure, renal tubular disorders (acquired Fanconi's syndrome)) • Increased liver transaminases • Gastrointestinal hemorrhage and ulcers; esophagitis • Hearing loss • Lens opacities, retinal changes and optic neuritis • Stevens-Johnson syndrome and toxic epidermal necrolysis • Hepatic failure • Interaction with food • Interaction with aluminum-containing antacids • Induction of CYP3A4 • Inhibition of CYP1A2 • Uridine Diphosphate Glycosyltransferase (UGT) inducers • Inhibition of CYP2C8 • Interaction with cholestyramine
Important potential risks	• Peripheral blood cytopenias • Compliance with posology and biological monitoring

List of important risks and missing information	
	• Medication errors • Severe cutaneous adverse reactions (DRESS)
Missing information	• Long term safety in pediatric non transfusion dependent thalassaemia (NTDT) patients aged 10 to 17 years • Safety in pregnant women • Safety of the film-coated tablets

II.B Summary of important risks

Renal disorders (increased serum creatinine, acute renal failure, renal tubular disorders (acquired Fanconi's syndrome)) **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.2, 4.3, 4.4 and 4.8.* – Prescription only medicine. Additional risk minimisation measures: *None*

Increased liver transaminases **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.2, 4.4 and 4.8.* – Prescription only medicine. Additional risk minimisation measures: *None*

Gastrointestinal hemorrhage and ulcers; esophagitis **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.4, 4.5 and 4.8.* – Prescription only medicine. Additional risk minimisation measures: *None*

Hearing loss **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.4 and 4.8.* – Prescription only medicine. Additional risk minimisation measures: *None*

Lens opacities, retinal changes and optic neuritis **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.4, 5.3 and 4.8.* – Prescription only medicine. Additional risk minimisation measures: *None*

Stevens-Johnson syndrome and toxic epidermal necrolysis **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.4 and 4.8.* – Prescription only medicine. Additional risk minimisation measures: *None*

Hepatic failure **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.2, 4.4 and 4.8.* – Prescription only medicine. Additional risk minimisation measures: *None*

Interaction with food **Important identified risk**

Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.2, 4.5 and 5.2.* – Prescription only medicine. Additional risk minimisation measures: *None*

Interaction with aluminum-containing antacids **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC section 4.5.* – Prescription only medicine. Additional risk minimisation measures: *None*

Induction of CYP3A4 **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC section 4.5.* – Prescription only medicine. Additional risk minimisation measures: *None*

Inhibition of CYP1A2 **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC section 4.5.* – Prescription only medicine. Additional risk minimisation measures: *None*

Uridine Diphosphate Glycosyltransferase (UGT) inducers **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC section 4.5.*

	– Prescription only medicine. Additional risk minimisation measures: *None*

Inhibition of CYP2C8 **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC section 4.5.* – Prescription only medicine. Additional risk minimisation measures: *None*

Interaction with cholestyramine **Important identified risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.5 and 5.2.* – Prescription only medicine. Additional risk minimisation measures: *None*

Peripheral blood cytopenias **Important potential risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.4 and 4.8.* – Prescription only medicine. Additional risk minimisation measures: *None*

Compliance with posology and biological monitoring **Important potential risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.2 and 4.4.* – Prescription only medicine. Additional risk minimisation measures:

	Educational materials for physicians and patients regardless of indication.

Medication errors **Important potential risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC section 4.2.* – Prescription only medicine. Additional risk minimisation measures: ***Educational materials:*** *Educational materials will be provided for physicians and patients for both formulations for all indications, to explain the coexistence of several formulations of deferasirox and to describe the main differences associated with these formulations (i.e., different posology regimen, different conditions of administration notably with food).* ***Introductory notification letters to healthcare professionals:*** *Prior to launch of deferasirox FCT, the healthcare professionals, will receive letters as follows:* • *Pharmacists - a detailed letter explaining the switch between the two formulations* • *Prescribers - a letter including the following dossiers:* o *A prescribers' guide informing about the switch between the two formulations in order to address the important potential risk of medication error for deferasirox* o *A patient's guide informing about the possibility of two co-existing formulations in the EU market, and the differences concerning their administration, in order to address the important potential risk of medication error for deferasirox.*

Severe cutaneous adverse reactions (DRESS) **Important potential risk**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.4 and 4.8* – Prescription only medicine. Additional risk minimisation measures:

	None

Long term safety in pediatric NTDT patients aged 10 to 17 years **Missing information**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.2 and 4.4.* – Prescription only medicine. Additional risk minimisation measures: *None*

Safety in pregnant women **Missing information**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.6 and 5.3.* – Prescription only medicine. Additional risk minimisation measures: *None*

Safety of the film-coated tablets **Missing information**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.2, 4.5, 4.9, 5.1 and 5.2.* – Prescription only medicine. Additional risk minimisation measures: *None*

II.C Post-authorisation development plan

II.C.1 Studies which are conditions of the marketing authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation of Deferasirox Stada.

II.C.2 Other studies in post-authorisation development plan

There are no studies required for Deferasirox Stada.