Part VI: Summary of the risk management plan

Summary of risk management plan for <Invented name> (DEFERASIROX)

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

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

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

I. The medicine and what it is used for

Deferasirox 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 (see SmPC for the full indication). It contains deferasirox, as the active substance and it is given by oral route of administration of 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, together with measures to minimise such risks and the proposed studies for learning more about deferasirox'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, 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 is not yet available, it is listed under 'missing information' below.

II.A List of important risks and missing information

Important risks of deferasirox 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. 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);

Summary of safety concerns	
Important identified risks	• Renal disorders (increased serum creatinine, acute renal failure, renal tubular disorders [acquired Fanconi's syndrome]) • Increased liver transaminases / Hepatic failure • Gastrointestinal hemorrhage and ulcers; esophagitis • Hearing loss • Lens opacities, retinal changes and optic neuritis • Severe cutaneous adverse reactions (including Stevens-Johnson syndrome, Toxic epidermal necrolysis and Drug reaction with eosinophilia and systemic symptoms)
Important potential risks	• Compliance with posology and biological monitoring • Medication errors
Missing information	• Long term safety in pediatric NTDT patients aged 10 to 17 years • 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 / 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*

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

Severe cutaneous adverse reactions (including Stevens-Johnson syndrome, Toxic epidermal necrolysis and Drug reaction with eosinophilia and systemic symptoms) **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*

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.*

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 of the film-coated tablets **Missing information**	
Risk minimisation measures	Routine risk minimisation measures: *SmPC sections 4.2 and 4.4.* – 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.

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

There are no studies required for deferasirox.