



2D Data Matrix to be printed with serial number on each leaflet. The number should not be repeated

Deterosox Tablets

IMPORTANT INFORMATION

These highlights are not intended to provide the full prescribing information for **DETEROSOX TABLETS** safety and effectiveness. See full prescribing information for **DETEROSOX TABLETS**.

DETEROSOX TABLETS, oral use

Initial U.S. Approval: 2015

WARNING: RENAL FAILURE, HEPATIC FAILURE, and GASTROINTESTINAL HEMORRAGE	
<i>See full prescribing information for complete boxed warning.</i>	
Deferoxamine may cause weakness and dizziness	
Renal failure signs, including renal failure laboratory findings and renal tubular toxicity including Fanconi syndrome (S.1)	
Hepatic toxicity, including laboratory (S.2)	
 gastrointestinal hemorrhage (S.3)	
Deferoxamine therapy requires close patient monitoring, including laboratory tests of renal and hepatic function. (S)	

INDICATIONS AND USAGE

Deferoxamine tablets are an adjunct indicated for the treatment of iron overload in patients with primary or secondary iron overload (S.1). Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

INDICATIONS AND USAGE

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

INDICATIONS AND USAGE

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

INDICATIONS AND USAGE

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

INDICATIONS AND USAGE

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

	Deferoxamine Tablets for oral suspension	Deferoxamine Tablets
Transfusion Dependent Iron Overload		
Starting Dose	20 mg/kg/day	14 mg/kg/day
Titration Increments	5 to 15 mg/kg/day	3.5 to 7 mg/kg/day
Maximum Dose	40 mg/kg/day	28 mg/kg/day
Non-Transfusion Dependent Thalassemia Syndromes		
Starting Dose	10 mg/kg/day	7 mg/kg/day
Titration Increments	5 to 10 mg/kg/day	3.5 to 7 mg/kg/day
Maximum Dose	20 mg/kg/day	14 mg/kg/day

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

Artwork Information	
Customer	Camber
Dimensions (mm)	400 x 800 mm
Pharma Code No.	Front-407 & Back-408
Printing Colors (01)	Non Printing Colors
	Die cut

Others: Colors code and Orientation are tentative, will be changed based on folding size.

WARNINGS AND PRECAUTIONS

Acute Kidney Injury: Monitor serum creatinine in patients before starting therapy. Monitor renal function during deferoxamine therapy and reduce dose or interrupt therapy for toxicity (S.1, 2, 4, S.1).

Hepatic Toxicity: Monitor hepatic function. Reduce dose or interrupt therapy for toxicity (S.2).

Renal Tubular Toxicity: Monitor renal function. Reduce dose or interrupt therapy for toxicity (S.1, 2, 4, S.1).

Neurotoxicity: Monitor for neurotoxicity, including weakness, ataxia, and tremor. Reduce dose or interrupt therapy for toxicity (S.3).

Hypersensitivity Reactions: Discard any unused deferoxamine and any deferoxamine vials that have been opened.

CONTRAINDICATIONS

Deferoxamine is contraindicated in patients with known hypersensitivity to deferoxamine or any component of deferoxamine tablets.

DRUG INTERACTIONS

Deferoxamine may interact with aluminum-containing antacids, increasing the risk of aluminum toxicity. Monitor for neurotoxicity in patients receiving deferoxamine therapy who are also receiving aluminum-containing antacids.

USE IN SPECIFIC POPULATIONS

Renal Impairment: Adjust the dose of deferoxamine in patients with renal impairment.

	Study 1 (Beta Thalassaemia)	Study 2 (Sickle Cell Disease)	Study 3 (Deferoxamine in Children)	MDS Panel	
Adverse Reaction	Deferoxamine N = 296 n (%)	Deferoxamine N = 296 n (%)	Deferoxamine N = 132 n (%)	Deferoxamine N = 63 n (%)	Deferoxamine N = 87 n (%)
Adverse Reaction	63 (21)	41 (14)	33 (28)	9 (14)	14 (16)
Diarrhea	30 (10)	21 (7)	29 (26)	2 (3)	2 (2)
Constipation	21 (7)	0 (0)	1 (1)	0 (0)	0 (0)
Nausea	31 (11)	14 (5)	30 (29)	7 (11)	10 (11)
Rhinitis	20 (7)	2 (1)	21 (21)	1 (1)	0 (0)
Rash	29 (10)	8 (3)	19 (19)	1 (1)	1 (1)

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

DEFERENTIALS

Deferoxamine tablets are indicated for the treatment of chronic iron overload in patients 13 years of age and older with non-transfusion dependent thalassemia (NTDT) syndromes and with a serum ferritin concentration of at least 5 mg per kg of body weight (Eq) and a serum ferritin greater than 300 mg/L (S.1).

Prepared by:

PK

RA

Approved by:

PD

QA

