**Mitoxantrone**

**Intravenous Use**

- XANTRONE has been approved by the FDA for injection into a vein.
- Mitoxantrone should generally not be given to patients with evidence of congestive heart failure.

**WARNINGS**

- XANTRONE has been associated with cardiotoxicity. Before you receive mitoxantrone, your doctor may measure your left ventricular ejection fraction (LVEF) using an appropriate methodologic technique. Cardiotoxicity may include:
  - Heart failure
  - Hypertension
  - Conduction abnormalities or atrial fibrillation

**Geriatric Use**

- XANTRONE should be used carefully in geriatric patients. The safety and effectiveness of XANTRONE in geriatric patients have not been fully established.

**Drug Interaction**

- Drug interaction studies have demonstrated that mitoxantrone is excreted in urine and feces as the parent compound and its metabolites. The pathways leading to the metabolism of mitoxantrone are unknown. The effect of race on mitoxantrone pharmacokinetic or pharmacodynamic parameters is unknown.

**Clotting**

- Patients with pre-existing myelosuppression as well as those who develop new myelosuppression should be monitored closely during this phase of treatment.

**Malignancies**

- Mitoxantrone may impart a blue-green color to the skin. It is recommended that patients avoid exposure to ultraviolet light or sunlight while receiving mitoxantrone. If exposure to ultraviolet light or sunlight is necessary, protective clothing should be worn.

**Pregnancy**

- Mitoxantrone is excreted in both human milk and rat milk. Women who are breast-feeding should not receive mitoxantrone because of the potential for serious adverse reactions and the potential for transmitting mitoxantrone to the nursing infant. Although it is not known if mitoxantrone is excreted in human milk, it is excreted in rat milk. If mitoxantrone is administered to a pregnant woman, women of childbearing age should be advised of the potential hazards to the fetus.

**How should I take mitoxantrone?**

- Intravenous use: Mitoxantrone is supplied as a concentrate that must be diluted with a compatible intravenous fluid before injection. Intravenous use is not recommended in settings where patients have impaired cardiac function.

**Injection site**

- The solution should be administered into a vein. Intramuscular injection may cause local irritation.

**How long should I take mitoxantrone?**

- Mitoxantrone is administered for a maximum of 21 days every 28 days. For patients with multiple sclerosis who have not responded adequately to mitoxantrone in earlier cycles, the drug may be administered for an additional 21 days. However, this decision should be made by a blinded panel. Additional outcomes were reported in the study.

**What are the possible side effects of mitoxantrone?**

- The most common side effects of mitoxantrone include:
  - Nausea
  - Vomiting
  - Fatigue
  - Anemia
  - Thrombocytopenia
  - Leukopenia

**How should I monitor my health while taking mitoxantrone?**

- It is important to regularly monitor your health while taking mitoxantrone. Your doctor will tell you how often you should check your blood pressure and heart rate. Your doctor will tell you how often you should check your blood counts. Your doctor will tell you how often you should check your blood glucose levels.

**Dosing mitoxantrone**

- If you receive mitoxantrone, your doctor will tell you how often you should receive it. Your doctor may change the dose of mitoxantrone you receive based on your response to treatment.

**Precautions**

- Mitoxantrone is not recommended for intramuscular injection. Intramuscular injection may cause local irritation.

**When should I not take mitoxantrone?**

- You should not take mitoxantrone if you are allergic to it.

**How should I store mitoxantrone?**

- Mitoxantrone should be stored at room temperature. Keep it in the bottle it came in. Store it in a container away from direct sunlight.

**Common conditions treated with mitoxantrone**

- Mitoxantrone is used to treat multiple sclerosis that is not responsive to other medicines. It is also used to treat leukemia, breast cancer, and prostate cancer.

**Drug interactions**

- Patients with severe renal impairment are unknown. However, drug interaction studies have demonstrated that mitoxantrone is not significantly different from placebo in patients with severe renal impairment.

**Adverse reactions**

- Mitoxantrone may cause serious adverse reactions, including:
  - Hemorrhage
  - Nausea
  - Vomiting
  - Fatigue
  - Anemia
  - Thrombocytopenia
  - Leukopenia

**Mitoxantrone and pregnancy**

- Mitoxantrone is a pregnancy category D drug. Women of childbearing age should not receive mitoxantrone because of the potential hazards to the fetus.
neutropenia in 23% of patients treated with was required for neutrophil counts greater consistent with those reported for other stan response in acute leukemia. The incidences of consistent with the requirement to produce signifi

development of acute leukemia (see necrosis with resultant need for debridement the skin. Extravasation can result in tissue reported, which may result in erythema, swell
	Cutaneous
	Proteinuria 4 6 2 3 Other pulmonary 5 5 3 3 Other endocrine 5 6 3 4
	Skin disorder 6 6 4 4 Neuro/mood disorder 6 Neuro/motor disorder 7 7 3 3 Neuro/constipation 7 7 2 2 Hypokalemia 7 7 4 4 Sweats 9 9 2 2 Hematuria 9 Fever in absence Weight loss 18 17 13 12 Nausea 28 26 9 8 Pain 45 41 44 39 Decreased hemoglobin 83 75 42 39 CALGB 9182. M = mitoxantrone, P = prednisone. Skin infection 5 3 Anxiety/depression 5 3 Cough 5 0 Anemia 5 3 Alopecia 29 0 Systemic infection 10 7