MEDICINE INFORMATION

Luspatercept (Reblozyl)

Patient information about luspatercept injections for selected people with anaemia, including haemoglobin, transfusions and blood pressure checks.

At a glance

Luspatercept helps the body make more mature red blood cells. It may reduce the number of transfusions some people need for anaemia, a low level of red blood cells or haemoglobin. It is given as an injection under the skin. Your team checks haemoglobin and blood pressure before deciding when you should receive it.

How it is given. You receive luspatercept as an injection under the skin.

How it works

Red blood cells carry oxygen around the body. Luspatercept changes signals that can hold back the final stages of red cell development. This may help more cells mature. Your team looks at haemoglobin and how often you need transfusions to see whether it is helping.

Is this treatment suitable for me?

Luspatercept is used for anaemia in selected adults with myelodysplastic syndromes (MDS), where the bone marrow does not make enough healthy blood cells, or beta thalassaemia, an inherited blood condition. Eligibility depends on your diagnosis, previous treatments, transfusion needs and local prescribing information.

Luspatercept takes time to work. If you need a transfusion to correct severe anaemia quickly, the team can still arrange one.

Before treatment starts

Tell your team about high blood pressure, previous blood clots or stroke, removal of your spleen and other medicines, including hormones. If you have beta thalassaemia, mention any history of lumps of blood-making tissue outside the marrow. The team can explain whether this changes monitoring.

Bring recent blood results and your transfusion record if you have it. Ask which symptoms should prompt an earlier blood test.

How treatment is given

A healthcare professional gives the injection under the skin, usually about every three weeks. The team checks your results and may adjust the dose or delay an injection if haemoglobin rises too quickly or blood pressure is high. If you miss a visit, call the unit to rearrange it.

Monitoring your treatment

The team checks haemoglobin before each injection and records any transfusions you have had. Ask how long they expect to try treatment before deciding whether it is helping. They also check blood pressure before doses. If you monitor it at home, ask when to measure and which readings to report.

Side effects

Common effects

Tiredness, headache, dizziness, aches in the bones or joints, diarrhoea and nausea can occur. The pattern varies with the condition being treated. Tell the team if you are unsteady or if symptoms affect eating or daily activities.

Important effects

- **High blood pressure.** It may cause no symptoms. Keep your checks and tell the team about repeated high readings.
- **Blood clots.** This is an important risk in beta thalassaemia, particularly if you have other risk factors. Report new swelling or pain in one leg.
- **Blood-making tissue outside the marrow.** In beta thalassaemia, this tissue can form lumps in places such as near the spine. Tell your team about new severe back pain, numbness or weakness.

When to seek urgent help

Seek emergency care for sudden chest pain or breathlessness, sudden weakness on one side or trouble speaking, severe breathing difficulty or collapse. Severe back pain with new limb weakness, numbness or difficulty controlling your bladder or bowel also needs emergency assessment.

Call the team straight away for new one-sided leg swelling, marked dizziness, worsening breathlessness or a severe headache with vision changes. Tell staff you are receiving luspatercept and why it was prescribed.

Practical advice for this treatment

Keep a record of transfusions and blood results

Ask when the haemoglobin test is due and which results might change the injection date or dose. If you receive blood at a different centre, record the date and number of units. Continue transfusions as advised while the team assesses the response.

Ask about blood pressure and clot risk

Tell the team about previous clots or a spleen removal, particularly if you have beta thalassaemia. Ask whether to check blood pressure between visits and what result to report. Seek immediate help for sudden chest pain, severe breathlessness or stroke symptoms.

Discuss what counts as a useful response

The aim may be fewer transfusions or an improvement in haemoglobin, depending on your condition. Ask when benefit will be reviewed and whether your visits or other treatments will change if the response is small.

Other medicines and vaccinations

Keep your medicine list up to date. Include hormones, blood pressure medicines and anything you take to prevent clots. Ask your team before changing these medicines or starting supplements. They can advise on vaccination based on your condition and other treatments.

Everyday life

Record injection dates, transfusions and blood results if you have access to them. Note which activities make you short of breath or tired. This helps you and your team judge whether day-to-day symptoms are changing as well as the blood results.

Fertility, pregnancy and breastfeeding

Tell your team if you are pregnant, planning a pregnancy or breastfeeding. The US product information advises effective contraception during treatment and for at least three months after the last dose if you could become pregnant. It also advises avoiding breastfeeding during treatment and for three months afterwards. Check the instructions for your product.

After treatment

Ask when you need your next haemoglobin check and whether the transfusion plan will change. Keep the contact details of the team that monitors your anaemia.

Frequently asked questions

Is this the same as a blood transfusion?

No. A transfusion gives you red blood cells directly. Luspatercept helps your body mature more of its own red blood cells over time.

Will it cure my blood condition?

It is used to manage anaemia. Ask what other treatment, if any, is recommended for your underlying condition.

Can I still need transfusions?

Yes. Keep your transfusion appointments until the team changes them. If your transfusions are at another hospital, bring the dates and number of units to your injection visit. This helps the team interpret your haemoglobin result and assess whether your transfusion needs have changed.

How do I know if it is helping?

Compare your haemoglobin and the number of transfusions over time with your team. They can explain what change would count as a response.

Why was my injection delayed after a good blood test?

Your team may delay an injection if haemoglobin has risen more than intended. Ask when to repeat the test.

Do I need a blood pressure check if I feel fine?

Yes. High blood pressure can cause no symptoms.

What should I tell the team if my spleen was removed?

Tell them when and why it was removed. This can affect how they assess clot risk in beta thalassaemia.

Can I travel between injections?

Check your injection, blood test and transfusion dates before you book. Ask how to get help if you become unwell away from home.

What if I miss a visit?

Call the clinic for a new date. Ask when to have your blood test as well.

Do I need to take iron?

Ask whether tests show you need it. Anaemia can have several causes, and some people who receive transfusions already have excess iron.

What if I feel more tired before the next injection?

Tell the clinic, especially if you are breathless or dizzy. They can decide if you need an earlier blood test or transfusion.

Is luspatercept the same as erythropoietin?

They work at different stages of red blood cell production. Ask which treatment is suitable for your diagnosis and transfusion needs.

Can I stop keeping a transfusion record when I start?

Keep recording transfusions if you can. The dates help your team assess whether the medicine is reducing your need for them.

What if treatment does not help enough?

Your team will review your blood tests and transfusion record and discuss other ways to manage anaemia.

Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

Summary of Product Characteristics (SmPC) and prescribing information

- Luspatercept (Reblozyl) - EU product page with SmPC

Clinical protocols and other references

- Reblozyl FDA prescribing and patient information

Additional sources

- Macmillan Cancer Support, myelodysplastic syndromes
- Cancer Research UK, tests and treatment for myelodysplastic syndromes

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