Regimen Reference Order – HEME – luspatercept (β-thalassemia)

ARIA: HEME - [luspatercept (beta-thal)]

Planned Course: **Every 21 days**
Indication for Use: **Transfusion-dependent anemia associated with β-thalassemia**

CVAD: Not Required

Proceed with treatment if:

Hemoglobin less than 115 g/L

- **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – HEME – luspatercept (β-thalassemia)

Drug	Dose	CCMB Administration Guideline
luspatercept	1 mg/kg*; maximum dose 120 mg	Subcutaneous once every 3 weeks into the upper arm, thigh, and/or abdomen **Nursing Alert: Maximum volume at each injection site is 1.2 mL. If more than 1 syringe is required, injections should be given using the same anatomical location but on opposite sides of the body (e.g. left thigh and right thigh)*
**Dose may be increased to 1.25 mg/kg at the hematologist's discretion if patient does not achieve a reduction in RBC transfusion burden of at least a third from baseline after at least two consecutive doses (6 weeks) at 1 mg/kg starting dose* **If hemoglobin increases by greater than 20 g/L within 3 weeks, in the absence of a transfusion, dose reduction may be required at the hematologist's discretion*		
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		

In the event of an infusion-related hypersensitivity reaction, refer to the **'Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, liver enzymes and total bilirubin as per Physician Orders
- Blood pressure at each clinic visit
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) prior to each dose and as clinically indicated
- No observation period required. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications		
Drug	**Dose**	**CCMB Administration Guideline**
None required		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to report to clinic if they are experiencing pain or injection site reactions that are bothersome

ADDITIONAL INFORMATION

- Patients with β-thalassemia may be at an increased risk of thromboembolic events while receiving treatment with luspatercept. Patients with a higher baseline risk of thromboembolic events (e.g. asplenic patients) may require thromboprophylaxis
- luspatercept may increase blood pressure
- luspatercept is teratogenic