

Regimen Reference Order – HEME – deferasirox

Planned Course: Once daily (1 cycle = 30 days)

Indication for Use: Transfusion Dependent or Independent Anemia - Iron Overload
Adult and Pediatric Patients

Proceed with treatment if clinical monitoring parameters are met:

- Platelets equal or greater than $50 \times 10^9/L$
- Creatinine clearance equal to or greater than 60 mL/min
- ❖ Contact Hematologist if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Treatment Regimen – HEME – deferasirox

Drug	Dose	Criteria for initial treatment
Transfusion-Dependent anemias		
deferasirox*	10 mg/kg/day Orally once daily	Patients receiving less than 7 mL/kg/month of packed red blood cells (less than 2 units/month) and goal is to maintain the current body iron level
	20 mg/kg/day** Orally once daily	Patients receiving more than 7 mL/kg/month of packed red blood cells and goal is to maintain the level of body iron level. OR Patients receiving less than 14 mL/kg/month (less than 4 units/month) and goal is a gradual reduction of iron overload.
	30 mg/kg/day** Orally once daily	Patients receiving more than 14 mL/kg/month of packed red blood cells and goal is to reduce body iron level
Transfusion-Independent anemias		
deferasirox*	10 mg/kg/day	Standard initial dose

*Doses should be in mg/kg and must be calculated and rounded to the nearest whole tablet size

** May start at lower dose and titrate up at physician’s discretion

deferasirox available dosage strengths: 125 mg, 250 mg and 500 mg dispersible tablets for oral suspension

Classification: Non-Hazardous

REQUIRED MONITORING

Baseline

- Serum ferritin
- Serum creatinine on two occasions to determine creatinine clearance
- Serum transaminases and bilirubin
- Auditory and ophthalmic examinations

All cycles

- CBC
- Serum creatinine should be checked weekly for the first month then monthly thereafter. Monitor serum transaminases, bilirubin and alkaline phosphatase every 2 weeks during the first month and monthly thereafter
- Serum ferritin
- Proteinuria

Clinical assessment at hematologist's discretion

- Liver iron concentration should be determined after approximately 10 - 20 transfusions, prior to initiating chelation therapy and every 1-2 years (or as clinically indicated)
- Cardiac function should be monitored every 1-2 years by echocardiography or radioisotope studies (MUGA) and ECG. Both cardiac iron load and function can be measured more accurately using cardiac MRI T2 every 1-2 years

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Not Applicable		

INSTRUCTIONS FOR PATIENT

- deferasirox should be taken on an empty stomach at least 30 minutes before eating the first meal of the day, preferable at the same time each day
- Dissolve tablet into glass of water, orange or apple juice (100 mL for doses less than 1000 mg or 200 mL for doses greater than 1000 mg)
- Patients should be instructed that their dose may be adjusted during their course of therapy according to response
- deferasirox has potential for drug-drug interactions. Patients should notify clinic prior to starting any new medication
- deferasirox should not be taken with aluminum-containing antacid preparations

ADDITIONAL INFORMATION

- N/A