

## CONVERSION OF ORAL DEFERASIROX DISPERSIBLE TABLET (DT) TO FILM COATED TABLET (FCT)

Long-term transfusion therapy is now a routine, life-saving treatment for patients with intractable anemia resulting from thalassemia.<sup>3</sup> Although blood transfusions are important for patients with anemia, chronic transfusions inevitably lead to iron overload as humans cannot actively remove excess iron.<sup>4</sup>

One of the iron chelator for the treatment of chronic iron overload in adult and paediatrics (aged 2 years and above) is Deferasirox (Exjade®) Tablet (Standard Terkawal Hospital USM)<sup>1,5</sup>. The former Dispersible Tablet (DT) formulation is **replaced** with Film Coated Tablet (FCT). It has **higher bioavailability**, thus reducing the dosage needed by the patient to produce similar effect as the former formulation.<sup>1</sup>

Formulation	Dispersible Tablet (DT) <sup>1,6</sup>	Film Coated Tablet (FCT) <sup>1</sup>
Strength available *Former DT dose shall be directly converted to FCT. For example, patient who is currently on 500mg DT shall be prescribed with 360mg FCT.	125 mg 500 mg	90 mg 360 mg
Dose	Transfusion-dependant iron overload (mg/kg/day)	
Starting	20	14
Alternative starting dose	10 30	7 21
Titration increments (increase/ decrease)	5 to 10	3.5 to 7
Maximum dose	40	28
Dose	Non-transfusion dependant	thalassemia (mg/kg/day)
Starting	10	7
Titration increments (increase/ decrease)	5 to 10	3.5 to 7
Maximum dose	20	14
Administration method		
With food or without food	Should be taken once daily on an empty stomach at least 30 minutes before food, preferably at the same time each day.	Should be taken once daily on an empty stomach or with a light meal, preferably at the same time each day.
Preparation prior administration	Disperse the tablets in a glass of water, apple or orange juice (100 to 200 mL) until a fine suspension is obtained. Drink whole and any residue must be re-suspended in a small volume of water or juice and swallowed.	Should be swallowed whole with water. Alternatively, film-coated tablets may be crushed and administered by sprinkling the full dose on minimal amount of soft food like yogurt or rice porridge. Avoid high fat foods.

## **REFERENCES:**

1. Exjade® Film-Coated Tablets (Deferasirox) Malaysian Package Leaflet PI. Revised :02-Aug-2019

- 2. Clinical Practice Guideline Management of Transfusion Dependant Thalasemia November 2009 MOH/P/PAK/ 195.09 (GU)
- 3. Andrews N.C. Disorders Of Iron Metabolism. N Engl J Med. 1999;341:1986-1995.
- 4. Mishra, A. K., & Tiwari, A. (2013). Iron overload in Beta thalassaemia major and intermedia patients. Maedica, 8(4), 328–332.

5. Hospital USM Formulary

6. Exjade® Dispersible tablets. (Deferasirox) Malaysian Package Leaflet PI. Revised: 02-Aug-2019

Prepared by: Nurul Izni Ahmad Zawawi, Afiqah Ahmad & Nur Aida Murni Mamamad Edited by: Khairul Bariah Johan @ Rahmat