



Therapeutic Class ReviewSM Update

Blood Modifiers – Deferasirox (Exjade[®])

July 2007

Background

- Deferasirox (Exjade) was reviewed by the Regence P and T committee in April of 2006.
- At that review, the formulary status of deferasirox (Exjade) was maintained as non-preferred/non-formulary.
 - All clinical trials were uncertain or not useful due to their open-label design, inappropriate dose selection and uncertainty regarding a non-invasive technique of estimating liver iron content (a primary endpoint in most trials).
 - There was concern regarding the safety of deferasirox (Exjade).
 - Up to 30% of patient reported renal dysfunction as measured by changes in serum creatinine.
 - A 2- to 5-fold increase in the percentage of patients with elevated liver function tests.
- It was noted that deferasirox (Exjade), as an orally administered medication, had an advantage over deferoxamine (Desferal) in terms of ease and cost of administration and patient acceptance.
- Given the uncertain efficacy data and concerns regarding safety, the P&T committee voted to maintain non-preferred/non-formulary status and periodically re-review the medication.

New Efficacy Data

- A literature search was conducted on Pub-med which revealed 3 newly published, randomized clinical trials.^[2-4]
 - All trials were publications of studies reviewed in the FDA medical review and considered in the original Regence monograph.
- A pharmacoeconomic model was published comparing deferasirox (Exjade) with deferoxamine in transfusion dependent thalassemia patients.^[5]
 - The review concluded that deferasirox was cost-effective compared to deferoxamine in the US market.
 - The model was judged as non useful as it was based on clinical studies judged as uncertain or not useful.

New Safety Data

- The deferasirox (Exjade) prescribing information was updated on April 20, 2007 with additional safety warnings.^[1,6]
 - Cases of acute renal failure, some with a fatal outcome, have been reported following the postmarketing use of deferasirox (Exjade).

- There have been postmarketing reports (both spontaneous and from clinical trials) of cytopenias, including agranulocytosis, neutropenia, and thrombocytopenia, some resulting in fatalities.
- Hepatic dysfunction associated with deferasirox (Exjade) administration have been described in post-marketing reports

Conclusion

Deferasirox (Exjade) is non-preferred/non-formulary because its safety profile continues to evolve.

References

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