Desferrioxamine Mesylate

【I7052】 Desferrioxamine® 500mg/Vial *ATC Code：V03AC01*

中 文 名： «泰和碩藥品»

適 應 症： 鐵質沈著症、急性鐵中毒、鋁質沈著症。

藥理分類： Antidote; Chelating Agent.

用法用量： **Administration:**

IV:

The IV route is used when severe toxicity is evidenced by cardiovascular collapse or systemic symptoms (coma, shock, metabolic acidosis, or GI bleeding) or potentially severe intoxications (peak serum iron level >500 mcg/dL).

IM: When severe symptoms are not present, the IM route may be used.

SubQ: (Slow subcutaneous infusion)

When administered for chronic iron overload, administration over 8 to 12 hours using a portable infusion pump is generally recommended; however, longer infusion times (24 hours) may also be used. Topical anesthetic or glucocorticoid creams may be used for induration or erythema.

Indications and dosage regimens:

-Acute iron toxicity:

Adult:

IM, IV:

Initial: 1,000 mg, may be followed by 500 mg every 4 hours for 2 doses; subsequent doses of 500 mg have been administered every 4 to 12 hours based on clinical response (maximum recommended dose: 6,000 mg/day [per manufacturer])

Children and Adolescents:

IM: 90 mg/kg/dose every 8 hours (maximum: 6,000 mg/24 hours)

IV: 15 mg/kg/hour (maximum: 6,000 mg/24 hours)

-Chronic iron overload:

Adult: Slow SubQ infusion preferred

SubQ: 1,000 to 2,000 mg/day or 20 to 40 mg/kg/day over 8 to 24 hours.

IM: 500 to 1,000 mg/day (maximum: 1000 mg/day).

IV: 40 to 50 mg/kg/day (maximum: 60 mg/kg/day) over 8 to 12 hours for 5 to 7 days per week.

Children ≥ 3 years and Adolescents: Slow SubQ infusion preferred

SubQ: 20 to 40 mg/kg/day over 8 to 12 hours (maximum: 1,000 to 2,000 mg/day).

IV: 20 to 40 mg/kg/day over 8 to 12 hours for 5 to 7 days per week; dose should not exceed 40 mg/kg/day until growth has ceased

-Treatment of aluminum toxicity with CKD (off-label use):

Adult: IV:

- Serum aluminum concentration rises to ≥300 mcg/L two days after the deferoxamine test dose or there are side effects after the deferoxamine-stimulation test:
  5 mg/kg once a week 5 hours before dialysis for 4 months.
  Then discontinue deferoxamine for one month and perform the deferoxamine-stimulation test again.
- Serum aluminum concentration is <300 mcg/L two days after the

deferoxamine test dose and there are no side effects after the deferoxamine-stimulation test:
5 mg/kg once a week during the last hour of dialysis for 2 months.
The discontinue deferoxamine for one month and perform the deferoxamine-stimulation test again.

Children and Adolescents: IV:

- Aluminum serum concentration rise to ≥300 mcg/L or adverse effects with test dose:
  5 mg/kg once a week 5 hours before dialysis for 4 months.
- Aluminum serum concentration rise to <300 mcg/L:

5 mg/kg once a week during the last hour of dialysis for 2 months.

Dosing: Kidney Impairment:

Adult----

- CrCl >50 mL/minute: No adjustment required
- CrCl 10 to 50 mL/minute, CRRT: Administer 25% to 50% of normal dose
- CrCl<10 mL/minute, hemodialysis, peritoneal dialysis: Avoid use
- Severe renal disease or anuria: Use is contraindicated in the manufacturer's US labeling.

Pediatric---

Manufacturer's labeling: Severe renal disease or anuria: Use is contraindicated.

不良反應： 噁心、蕁麻疹、關節痛，肌肉痛、生長遲緩及骨骼異常。注射部位反應(疼痛、腫脹、 硬塊、紅斑、搔癢、瘡痂、結痂)、發燒。

注意事項：

- 須經常施打本品的病人，在使用一個月後，若併用口服維他命 C 可以加速鐵的排除，建議一天勿超過 200mg。高劑量維他命 C (>500 毫克/天)可能影響心臟功能。
- 心臟衰竭之患者使用本藥時不應投予維他命 C 補充劑。

藥品調劑暨安定性： 除了為了肌肉注射可能需要較高的濃度外，注射投予時，應使用以**注射用水**調製成的 10% 溶液：

(1) 將 5 mL 的**注射用水**注入裝有 500 毫克本品粉末瓶中，充分搖晃。配製妥之溶液為澄清、無色或略帶黃色者才可使用。

(2) 此 10%溶液可加入相容的點滴溶液作進一步的稀釋。

(3) 不可與含 Heparin 注射溶液併用。

(4) 生理食鹽水 (0.9%) **不可作為乾燥粉末製劑之溶劑**，但可用於已經加注射用水配製成注射液後，作進一步的稀釋。

(5) 配製好的溶液應立即使用 (配製後三小時內開始使用)。在無菌確效的情況下配製好的溶液，室溫下最久只能貯存 24 小時。

相容輸注液： NS、D5W、D5S、Lactated Ringer's。

懷孕期： 懷孕期間，特別是在前三個月中，僅在對於胎兒的期待利益大於風險時可給予 Desferrioxamine。

授乳期： 尚未知 desferrioxamine 是否會分泌於乳汁中。由於許多藥物會經由人體乳汁分泌而可能造成哺餵母乳的新生兒/嬰兒的嚴重不良反應，因此必須考量藥物對於母親的重要性以決定是否停止哺乳或停用藥物。

健保規定： 因病情需要，經醫師指導使用方法由病人持回注射。