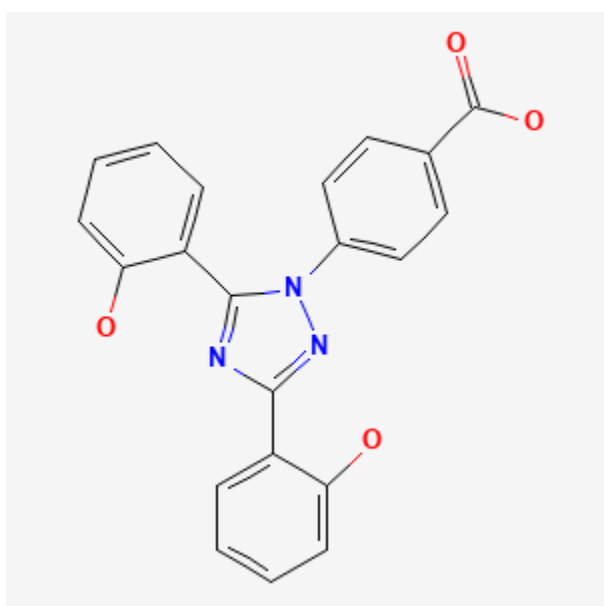




## Deferasirox

Revised: June 15, 2024.

CASRN: 201530-41-8



## Drug Levels and Effects

### Summary of Use during Lactation

Deferasirox appears to pass into milk very poorly. Although Australian guidelines recommend against breastfeeding during deferasirox treatment,[1] these were published before a case report of an infant being safely breastfed by a mother with beta-thalassemia receiving deferasirox and finding of no drug in breastmilk.[2] However, since little published information is available on the use of deferasirox during breastfeeding, monitoring of the infant's serum iron is recommended.

**Disclaimer:** Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

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## Drug Levels

*Maternal Levels.* A woman with beta-thalassemia was started on deferasirox 2250 mg (35 mg/kg) daily immediately postpartum. The drug was undetectable (<0.1 mcg/L) in a milk sample taken 2 hours after a dose. [2]

*Infant Levels.* Relevant published information was not found as of the revision date.

## Effects in Breastfed Infants

A woman with beta-thalassemia was started on deferasirox 2250 mg (35 mg/kg) daily immediately postpartum and exclusively breastfed her infant. Blood samples were taken from the infant at 1, 10 and 30 days postpartum. Serum ferritin levels were 190, 218, and 96 mcg/L, respectively (normal range 22 to 275 mcg/L). Serum iron levels were 101, 77 and 71 mcg/dL, respectively (normal range 60 to 170 mcg/dL). The infant's growth was normal during the first month at the 41st percentile.[2]

## Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

## Alternate Drugs to Consider

Deferoxamine

## References

1. Ho PJ, Tay L, Lindeman R, et al. Australian guidelines for the assessment of iron overload and iron chelation in transfusion-dependent thalassaemia major, sickle cell disease and other congenital anaemias. *Intern Med J* 2011;41:516-24. PubMed PMID: 21615659.
2. Giampreti A, Mattioli F, Faraoni L, et al. Lactation in beta-thalassemia major: Is deferasirox compatible? The first case with clinical data and breastmilk concentrations. *Clin Toxicol* 2018;56:539. doi:10.1080/15563650.2018.1457818

## Substance Identification

### Substance Name

Deferasirox

### CAS Registry Number

201530-41-8

### Drug Class

Breast Feeding

Lactation

Milk, Human

Chelating Agents

Iron Chelating Agents