Regimen | Anagrelide
---|---
**Indication** | Second line treatment in essential thrombocythaemia (or other myeloproliferative disorders with thrombocytosis) where there is inadequate response to or intolerance to, hydroxycarbamide and / or interferon.

**Therapeutic Intent** | Disease Modification
To normalise blood count i.e. platelets < 400 x 10⁹/L and PCV <0.45
To reduce risk of thrombosis

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Administration Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 28</td>
<td>Anagrelide</td>
<td>0.5mg to 10mg (see below)</td>
<td>PO</td>
<td>Anagrelide is available as 0.5mg capsules. The daily dose should be divided into two doses. Swallow the capsules whole with a drink of water.</td>
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</tbody>
</table>

**Cycle Frequency** | Every 28 days (i.e. continuous)
Treatment is given to ‘at risk’ patients who may be defined as: >60 years of age OR platelet counts >1000 x 10⁹/L OR history of thrombo-haemorrhagic events
The starting dose of 0.5mg twice daily should be maintained for at least one week. After one week the dosage may be titrated, on an individual basis, to achieve the lowest effective dosage required to reduce and/or maintain a platelet count between 150- 400 x 10⁹/L. The dosage increment must not exceed more than 0.5mg/day in any one-week and the recommended maximum single dose should not exceed 2.5mg.
Typically, a fall in the platelet count will be observed within 14 to 21 days of starting treatment and in most patients an adequate therapeutic response will be observed and maintained at a dosage of 1-3mg/day, however in clinical development dosages of 10mg/day have been used.

**Tests required prior to initiation of course** | FBC, U&E, LFT

**Tests required prior to individual cycle** | FBC – weekly until a stable maintenance dose is achieved, then monthly and eventually 3 monthly if counts very stable. If the starting dose is >1mg/day, FBC should be checked every 2 days during the first week of treatment and at least weekly thereafter until a stable maintenance dose is reached
U&Es and LFTs – 3 monthly

**Concurrent Medication** | Consider the use of allopurinol especially when rapid control of blood counts is desired and in those patients with raised serum urate and/or history of gout.
<table>
<thead>
<tr>
<th>Dose Modifications</th>
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<tr>
<td>Hepatic</td>
<td>Hepatic metabolism represents the major route of drug clearance and liver function may therefore be expected to influence this process. The potential risk and benefits of anagrelide therapy in a patient with mild hepatic impairment should be assessed before treatment is started. It is not recommended in patients with elevated transaminases (&gt;5 times the upper limit of normal).</td>
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<tr>
<td>Renal</td>
<td>Although SPC recommends not treating patients with moderate or severe renal impairment, patients with mild to severe renal impairment have been treated with anagrelide with similar doses with used in patients without renal impairment. The doses should be titrated on an individual patient basis. The potential benefits and risks of anagrelide therapy in a patient with impaired renal function should be assessed before treatment is commenced.</td>
</tr>
<tr>
<td>Haematological</td>
<td>The dose is titrated to maintain the platelet count between 150-400 x 10^9/l. Interrupt temporarily if platelet count &lt;100 x10^9/l. The platelet count will rise within 4 days of stopping treatment and will return to pre-treatment levels within 10-14 days. Anagrelide should be restarted at a lower dose.</td>
</tr>
</tbody>
</table>

### Additional Information

Anagrelide should be used with caution in patients with known/ suspected heart disease and only if potential benefits outweigh risks. Cases of cardiomegaly and congestive cardiac failure have been reported. Please refer to latest SPC for information regarding drug interactions.

### References

- Anagrelide Summary of Product Characteristics, December 2013

### Author

Pharmacy CNG

### Approved & Checked by

Haematology CNG (Review Date = Jan 2017)