

Clinical Policy: Deferiprone (Ferriprox)

Reference Number: PA.CP.PHAR.147

Effective Date: 01/18

Last Review Date: 07/17/19

[Revision Log](#)

Description

The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness[®] clinical policy for deferiprone (Ferriprox[®]).

FDA Approved Indication(s)

Ferriprox is indicated for the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.

Limitation(s) of use: Safety and effectiveness have not been established for the treatment of transfusional iron overload in patients with other chronic anemias.

Policy/Criteria

It is the policy of health plans affiliated with Pennsylvania Health and Wellness Corporation[®] that Ferriprox is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Transfusional Iron Overload Due to Thalassemia Syndromes (must meet all):

1. Diagnosis of transfusional iron overload due to thalassemia syndromes;
2. Transfusion history of ≥ 100 mL/kg of packed red blood cells (e.g., ≥ 20 units of packed red blood cells for a 40 kg person) and a serum ferritin level $> 1,000$ mcg/L;
3. Failure of deferoxamine and either Exjade[®] or Jadenu[®] unless contraindicated or clinically significant adverse effects are experienced;
4. Dose does not exceed 99 mg/kg/day.

Approval duration: 6 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. Transfusional Iron Overload Due to Thalassemia Syndromes (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Current documentation (within the last 30 days) shows a serum ferritin level ≥ 500 mcg/L;
3. If request is for a dose increase, new dose does not exceed 99 mg/kg/day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53

Background

Description/Mechanism of Action:

Ferriprox (deferiprone) is a synthetic, orally active, iron-chelating agent with an affinity for ferric ion (iron III). Deferiprone binds with ferric ions to form neutral 3:1 (deferiprone:iron) complexes that are stable over a wide range of pH values. Deferiprone has a lower binding affinity for other metals such as copper, aluminum and zinc than for iron.

Formulations:

Ferriprox tablets contain 500 mg deferiprone (tablets may be broken in half at score)
Ferriprox 100mg/ml Solution

Appendices

Appendix A: Abbreviation Key

ANC: absolute neutrophil count

pRBCs: packed red blood cells

Reviews, Revisions, and Approvals	Date	Approval Date
References reviewed and updated	04.18	
3Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	07/17/19	

References

- i. Ferriprox Prescribing Information. Rockville, MD: ApoPharma USA, Inc.; May 2017. Available at http://www.ferriprox.com/us/pdf/ferriprox_full_pi.pdf. Accessed April 2018.
- ii. Ferriprox Oral Solution Prescribing Information. Rockville, MD: ApoPharma USA, Inc.; May 2017. Available at http://www.ferriprox.com/us/pdf/ferriprox_full_pi.pdf. Accessed April 2018.
- iii. Desferal Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; December 2011. Available at <https://dailymed.nlm.nih.gov/dailymed/>. Accessed April 2018.
- iv. Exjade Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2016. Available at <http://www.us.exjade.com/>. Accessed April 2018.
- v. Jadenu Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2016. Available at <https://www.jadenu.com/>. Accessed April 2018.

- vi. Musallam KM, Angastiniotis M, Eleftheriou A, Porter JB. Cross-talk between available guidelines for the management of patients with beta-thalassemia major. *Acta Haematol.* 2013; 130: 64-73. DOI: 10.1159/000345734.
- vii. Hoffbrand AV, Taher A, Cappellini MD. How I treat transfusional iron overload. *Blood.* November 1, 2012; 120(18): 3657-3669.