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| Division: Pharmacy Services  | Subject: Prior Authorization Criteria  |
| Original Development Date:<br>Original Effective Date:<br>Revision Date: | November 18, 2011, May 1, 2012, August 6, 2015, May 19, 2021, October 15, 2021, March 11, 2022 |

**FERRIPROX**<sup>®</sup> (deferiprone)

**LENGTH OF AUTHORIZATION:** Up to 1 year

**REVIEW CRITERIA:**

- Patient must be  $\geq 8$  years of age (tablets) or  $\geq 3$  years of age (oral solution).
- Patient must have a diagnosis of transfusional iron overload with thalassemia syndromes, sickle cell disease or other anemias (*excluding* myelodysplastic syndrome and Diamond Blackfan anemia).
- Documentation of absolute neutrophil count (ANC) before starting therapy.
- Documentation of failure to Exjade (after a minimum of 3 months of therapy) as demonstrated by serum ferritin consistently  $> 2,500$  mcg/L (*copy of lab results must be submitted*), despite maximization of Exjade dosage at 40 mg/kg/day.

**CONTINUATION OF THERAPY:**

- Patient met initial review criteria.
- Documentation that ANC is monitored:
  - First 6 months of therapy: weekly
  - Next 6 months of therapy: every 2 weeks
  - After 1 year of therapy: every 2 to 4 weeks (or at the patient's blood transfusion intervals in patients that have not experienced an interruption due to any decrease in ANC)
- Ferritin levels must be  $>500$ mcg/L.
- Dose must not exceed 99 mg/kg/day.

**DOSAGE AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 500 mg and 1,000 mg tablet; 100 mg/mL solution