Mass General Brigham
Health Plan

	Ferriprox (deferiprone) Effective 03/01/2025		

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications**		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Ferriprox (deferiprone) is an iron chelator indicated for the treatment of:
1. **Transfusional Iron Overload due to Thalassemia Syndromes**
   a. Oral solution is indicated for treatment of transfusional iron overload in adult and pediatric patients 3 years of age and older with thalassemia syndromes.
   b. Tablets are indicated for treatment of transfusional iron overload in adult and pediatric patients 8 years of age and older with thalassemia syndromes.
2. **Transfusional Iron Overload due to Sickle Cell Disease or Other Anemias**
   a. Ferriprox oral solution is indicated for the treatment of transfusional iron overload in adult and pediatric patients 3 years of age and older with sickle cell disease or other anemias.
   b. Ferriprox tablets are indicated for treatment of transfusional iron overload in adult and pediatric patients 8 years of age and older with sickle cell disease or other anemias.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria are met:

Transfusional Iron Overload
1. Member's diagnosis of transfusional iron overload is due to either of the following:
   a. Thalassemia syndromes
   b. Sickle cell disease or other anemias
2. Member does not have transfusional iron overload due to myelodysplastic syndrome or Diamond Blackfan anemia
3. Dose of Ferriprox will not exceed 99 mg/kg per day.

Hereditary Hemochromatosis
1. Member has a diagnosis of hereditary hemochromatosis.
2. Phlebotomy is not an option (e.g., poor candidate due to underlying medical disorders) or the member had an unsatisfactory response to phlebotomy.

Continuation of Therapy
Requests for reauthorization will be approved when all of the following criteria are met:
1. Member is experiencing benefit from therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline.
2. **Transfusional Overload:** serum ferritin level is not consistently below 500 mcg/L.

Limitations
1. Initial approvals and reauthorizations will be granted for 6 months.

References
1. Cappellini MD, Cohen A, Porter J, et al. Guidelines for the management of transfusion dependent thalassaemia (TDT) 4th Edition [Internet]. *Thalassaemia International Federation* 2021;20:1-351.
2. Deferiprone [package insert]. Hawthorne, NY: Taro Pharmaceuticals USA., Inc.; August 2022
3. Deferiprone [package insert]. Berkeley Heights, NJ:Hikma Pharmaceuticals USA Inc.; December 2021
4. Ferriprox tablets [package insert]. Cary, NC: Chiesi USA, Inc.; November 2021.
5. Ferriprox oral solution [package insert]. Cary, NC: Chiesi USA, Inc.; November 2021.
6. Hoffbrand AV, Taher A, Cappellini MD. How I treat transfusional iron overload. *Blood* 2012;120(18):3657-69
7. Kowdley, Kris V. MD, FACG1; Brown, Kyle E. MD, MSc2,3,4; Ahn, Joseph MD, MS, MBA, FACG (GRADE Methodologist)5; Sundaram, Vinay MD, MSc6 ACG Clinical Guideline: Hereditary Hemochromatosis, The American Journal of Gastroenterology: August 2019 - Volume 114 - Issue 8 - p 1202-1218

Review History
12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024
12/11/2024: Reviewed and updated at December P&T. Updated transfusional overload criteria to remove baseline ferritin requirement. Effective 3/1/2025.