

**Ferriprox (deferiprone)**  
**Effective 01/01/2024**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**
FDA-Approved Indications

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 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**

**Transfusional Iron Overload**

Authorization may be granted when the following criteria is met:

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. Submission of documentation that shows pretreatment serum ferritin level is consistently greater than 1000 mcg/L.

4. Dose of Ferriprox will not exceed 99 mg/kg per day.

### **Hereditary Hemochromatosis**

Authorization may be granted when the following criteria is met:

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**

Reauthorization may be granted for continued treatment in members requesting reauthorization when 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. For transfusional iron 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. Ferriprox tablets [package insert]. Cary, NC: Chiesi USA, Inc.; November 2021.
2. Ferriprox oral solution [package insert]. Cary, NC: Chiesi USA, Inc.; November 2021.
3. Deferiprone [package insert]. Hawthorne, NY: Taro Pharmaceuticals USA., Inc.; August 2022
4. Deferiprone [package insert]. Berkeley Heights, NJ:Hikma Pharmaceuticals USA Inc.; December 2021
5. Cappellini MD, Cohen A, Porter J, et al. Guidelines for the management of transfusion dependent thalassaemia (TDT) 4<sup>th</sup> Edition [Internet]. *Thalassaemia International Federation* 2021;20:1-351..
6. Hoffbrand AV, Taher A, Cappellini MD. How I treat transfusional iron overload. *Blood* 2012;120(18):3657-69
7. Kowdley, Kris V. MD, FACP; Brown, Kyle E. MD, MSc2,3,4; Ahn, Joseph MD, MS, MBA, FACP (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

