Clinical Policy Title:	deferiprone
Policy Number:	RxA.119
Drug(s) Applied:	Ferriprox®
Original Policy Date:	03/06/2020
Last Review Date:	03/09/2021
Line of Business Policy Applies to:	All lines of business

Background

Deferiprone (Ferriprox®) is an iron chelator. It 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.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
deferiprone (Ferriprox®)	Transfusional iron overload	25 to 33 mg/kg PO TID for a total daily dose of 75 to 99 mg/kg/day	99 mg/kg/day

Dosage Forms

- Oral solution: 100 mg/mL
- Tablet: 500 mg, 1,000 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

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. Age 18 years of age or older;
3. Transfusion history and a serum ferritin level > 1,000 mcg/L;
4. Failure of deferoxamine and either deferasirox (Exjade®; Jadenu®) unless contraindicated or clinically significant adverse effects are experienced;
   **Prior authorization may be required for deferoxamine, Exjade®, Jadenu®*
5. Dose does not exceed 99 mg/kg per day.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

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

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Current documentation (within the past 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 per day.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
DFO-DFP: deferiprone-deferoxamine
FDA: Food and Drug Administration

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
deferoxamine (Desferal®)	1000 mg x 1 dose, then 500 mg Q4 hr x 2 doses PRN, then 500 mg Q4-12 hr PRN.* *IM route if patient not in shock; IV infusion limited to patients in cardiovascular collapse.*	6000 mg/24 hr
	1000-2000 mg SC once daily (20-40 mg/kg/day) over 8-24 hours.	See dosing regimen
	20-40 mg/kg IV daily (children*) and 40-50 mg/kg IV daily (adults) for 5-7 days per week. *Average dose should not exceed 40 mg/kg/day until growth has ceased.*	40 mg/kg/day (children) 60 mg/kg/day (adults)
	500-1000 mg IM/day.	1000 mg/day
Exjade (deferasirox)	20 to 40 mg/kg (calculated to the nearest whole tablet) PO once daily.	40 mg/kg/day
Jadenu (deferasirox)	14 mg/kg (calculated to the nearest whole tablet) PO once daily.	28mg/kg/day (calculated to the nearest whole tablet)

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and

generic (Brand name®) when the drug is available by both brand and generic.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Hypersensitivity to deferiprone or to any of the excipients in the formulation.

- Boxed Warning(s):
  - Agranulocytosis and Neutropenia.

APPENDIX D: General Information

A multicenter randomized open-label trial was designed to assess the effectiveness of long- term sequential deferiprone-deferoxamine (DFO-DFP) versus DFP alone to treat thalassaemia major. The decrease of serum ferritin levels during the treatment period was statistically significantly higher in sequential DFP-DFO patients compared with DFP-alone patients (P = 0.005). Kaplan-Meier survival analysis for the two chelation treatments did not show any statistically significant differences (long-rank test, P = 0.3145). Evidence exists to support the use of combination therapy with Ferriprox (deferiprone) and Desferal (deferoxamine) in patients with severe iron overload or overt iron-related morbidity.

References

1. Ferriprox Tablets Prescribing Information. Rockville, MD: ApoPharma USA, Inc. May 2020. Available at www.ferriprox.com. Accessed January 20, 2021.
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6. 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. Accessed January 20, 2021.
7. Hoffbrand AV, Taher A, Cappellini MD. How I treat tranfusional iron overload. Blood. November 1, 2012; 120(18): 3657-3669. Accessed January 20, 2021.
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9. Remacha A, Sanz C, Contreras E, et al. Guidelines on haemovigilance of post-transfusional iron overload. Blood Transfus. 2013;11(1):128-139. doi:10.2450/2012.0114-11. Accessed January 20, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	02/2020	03/06/2020
Policy was reviewed: 1) Clinical policy title was updated as "deferiprone". 2) Line of business policies applies to All lines of business. 3) Continuation therapy criteria II.A.1.	01/20/2021	03/09/2021

rephrased to “Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy”. 4) Boxed warning was updated to “Agranulocytosis and Neutropenia”. 5) References were reviewed and updated.		