

Reference number(s)
1621-A

SPECIALTY GUIDELINE MANAGEMENT

FERRIPROX (deferiprone)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Transfusional Iron Overload

Authorization of 24 months may be granted for the treatment of transfusional iron overload due to thalassemia syndromes.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

IV. REFERENCES

1. Ferriprox [package insert]. Rockville, MD: ApoPharma USA, Inc.; February 2015.
2. Micromedex Solutions [database online]. Truven Health Analytics, Inc. Ann Arbor, MI. Available at: www.micromedexsolutions.com. Accessed December 4, 2017.
3. AHFS DI (Adult and Pediatric) [database online]. Lexi-Comp, Inc. Hudson, OH. Available at: http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed December 4, 2017.
4. Clinical Pharmacology [Internet]. Elsevier. Tampa (FL). Available from: <http://www.clinicalpharmacology.com>. Accessed December 4, 2017.