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

FERRIPROX® (deferiprone)

LENGTH OF AUTHORIZATION: Up to 1 year

REVIEW CRITERIA:

- Patient must be ≥ 8 years of age (tablets) or ≥ 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 >500mcg/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