

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 APPROVAL

Transfusional Iron Overload

Indefinite authorization may be granted for the treatment of transfusional iron overload due to thalassemia syndromes.

III. 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 November 18, 2016.
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 November 18, 2016.
4. Clinical Pharmacology [Internet]. Elsevier. Tampa (FL). Available from: <http://www.clinicalpharmacology.com>. Accessed November 18, 2016.