Ferriprox (deferiprone)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Ferriprox (deferiprone)

APPROVAL CRITERIA

Requests for Ferriprox (deferiprone) may be approved if the following criteria are met:

I. Individual is being treated for transfusional iron overload due to thalassemia syndromes, sickle cell disease or other anemias (excluding anemia related to myelodysplastic syndrome or Diamond Blackfan anemia).

Note:
Ferriprox (deferiprone) has a black box warning for agranulocytosis/neutropenia. Ferriprox can cause agranulocytosis that can lead to serious infections and death. Neutropenia may precede the development of agranulocytosis.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: October 11, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology. Myelodysplastic Syndromes. Version 1.2022. Updated October 6, 2021. Available from: https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf. Accessed: October 11, 2021.