Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 18, 2011, May 1, 2012, August 6, 2015

FERRIPROX® (deferiprone)

LENGTH OF AUTHORIZATION: UP TO 3 MONTHS

REVIEW CRITERIA:

Initial Therapy:

1. Patient must have a diagnosis of Thalassemia per medical records or "diagnosis code(s)". (***Not to be approved in other diagnoses associated with chronic anemia: sickle cell anemia, aplastic anemia, etc.)***
2. Documentation in medical records (*eg. progress notes, discharge notes. . .*) of failure of Exjade (after a minimum of 3 months of therapy) as demonstrated by serum ferritin consistently >2500mcg/L (*copy of lab results must be submitted*), despite maximization of Exjade dosage at 40mg/kg/day.

Continuation of Therapy:

1. Serum ferritin must have been measured within 30 days of initiation of therapy (*copy of lab results must be submitted*).
2. Ferritin levels must be >500mcg/L.
3. Dose must not exceed 99 mg/kg/day.

DOSING:

The recommended initial dose of Ferriprox is 25 mg/kg, orally, three times per day for a total of 75 mg/kg/day. The maximum dose is 33 mg/kg, three times per day for a total of 99 mg/kg/day.

Dose adjustments up to 33 mg/kg, orally, three times per day should be tailored to the individual patient's response and therapeutic goals (maintenance or reduction of body iron burden). The maximum recommended total daily dose is 99 mg/kg per day. The dose should be rounded by the prescriber to the nearest 250 mg (half-tablet).

Dosage Forms And Strengths: 500 mg film-coated tablets with a functional score.