

Policy Name:	Ferriprox (deferiprone)	Policy #:	1946P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Ferriprox.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Ferriprox under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Criteria for Coverage in the Treatment of Transfusional Iron Overload

- 1.1 Documentation which shows the iron overload is due to thalassemia syndromes (oral tablets), or sickle cell disease/other anemias (oral solution)
- 1.2 Age 3 years or older for oral solution; Age 8 years or older for oral tablets
- 1.3 Documentation of failure/intolerance/contraindication of other agent for the treatment of transfusional iron overload (e.g. deferasirox),
- 1.4 Serum ferritin (blood iron) level greater than 1000 ng/dL
- 1.5 Submission of baseline absolute neutrophil count greater than or equal to $1.5 \times 10^9/L$

2. Approval Time

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months only if ongoing need for therapy has been established

CPT Codes

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HCPCS Codes

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References

1. Ferriprox (deferiprone) oral tablets and solution [prescribing information]. Cary, NC: Chiesi USA Inc; July 2023.
2. Brittenham GM. Iron-chelating therapy for transfusional iron overload. *N Engl J Med.* 2011;364(2):146–156.
3. Porter JB and Shah FT. Iron overload in thalassemia and related conditions: therapeutic goals and assessment of response to chelation therapies. *Hematol Oncol Clin North Am.* 2010;24(6):1109-1130.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.