

Pharmacy Medical Necessity Guidelines: Ferriprox® (deferiprone)

Effective: November 16, 2020

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
<p>These pharmacy medical necessity guidelines apply to the following:</p> <p>Commercial Products</p> <input type="checkbox"/> Tufts Health Plan Commercial products – large group plans <input type="checkbox"/> Tufts Health Plan Commercial products – small group and individual plans <input type="checkbox"/> Tufts Health Freedom Plan products – large group plans <input type="checkbox"/> Tufts Health Freedom Plan products – small group plans <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>Tufts Health Public Plans Products</p> <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product) <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans <input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan		<p>Fax Numbers:</p> <p>RXUM: 617.673.0988</p>	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FOOD AND DRUG ADMINISTRATION-APPROVED INDICATIONS

Ferriprox (deferiprone) is indicated for the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.

Ferriprox is available as 500 mg and 1,000 mg tablets and well as 100 mg/mL solution. The 500 mg tablets are approved to be administered three times per day. There are two formulations of the 1,000 mg tablets: one formulation (Ferriprox Twice-a-Day) is approved for twice daily administration and another is approved for three times daily administration. Ferriprox solution is approved to be administered three times per day.

COVERAGE GUIDELINES

The plan may authorize coverage of Ferriprox (deferiprone) for Members, when **all** of the following criteria are met:

1. Documented diagnosis of transfusional iron overload due to thalassemia syndromes
AND
2. Previous iron chelation therapy has failed or is considered to be inadequate due to poor tolerance (serum ferritin level >2,500 µg/L)
AND
3. **Ferriprox Twice-A-Day:** Documentation that Member has had adherence issues with the Ferriprox formulation administered three times per day

LIMITATIONS

1. The initial authorization will be for a period of 3 months. Subsequent authorization will require documentation of an adequate response based on a reduction in serum ferritin level from pretreatment.
2. Ferriprox (deferiprone) will be limited to a 30 day supply per fill.

CODES

None

REFERENCES

1. Ceci A, Mangiarini L, Felisi M, et al. The management of iron chelation therapy: preliminary data from a national registry of thalassaemic patients. *Anemia*. 2011; 2011: 435683. URL: ncbi.nlm.nih.gov/pmc/articles/PMC3123832/?tool=pubmed. Available from Internet. Accessed January 2016.
2. Ferriprox (deferiprone) solution [prescribing information]. Weston, FL: ApoPharma USA, Inc.; May 2017.
3. Ferriprox (deferiprone) 500 mg tablet [prescribing information]. Weston, FL: ApoPharma USA, Inc.; May 2020.

4. Ferriprox (deferiprone) 1,000 mg tablet [prescribing information]. Cary, NC: Chiesi USA, Inc.; May 2020.
5. Pennell DJ, Udelson JE, Arai AE, et al. Cardiovascular function and treatment in β -thalassemia major. *Circulation*. 2013;128:281-308.

APPROVAL HISTORY

March 13, 2012: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. March 12, 2013: No changes
2. March 11, 2014: No changes
3. March 10, 2015: No changes
4. January 1, 2016: Administrative change to rebranded template applicable to Tufts Health Direct.
5. March 8, 2016: No changes
6. March 14, 2017: No changes. Effective 3/14/17, Medical Necessity Guidelines apply to Tufts Health Together.
7. April 11, 2017: Administrative update. Effective 6/1/2017, Medical Necessity Guideline applies to Tufts Health RITogether.
8. March 13, 2017: No changes
9. May 8, 2018: Administrative update. The Medical Necessity Guidelines no longer apply to Tufts Health RITogether.
10. March 12, 2019: Administrative update, Medical Necessity Guideline no longer applies to Tufts Health Commercial and Direct Plans. Administrative changes made to template.
11. January 14, 2020: No changes.
12. November 10, 2020: Added criteria for Ferriprox Twice-A-Day to the MNG.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.