

#### **Prior Authorization DRUG Guidelines**

# **FERRIPROX** (Deferiprone)

Effective Date: 1/28/14

Date Developed: 1/28/14 by Catherine Sanders, MD Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19

(Archived 1/22/19)

Ferriprox is an iron-chelating agent with affinity for ferric ion (iron III); binds to ferric ion and forms a 3:1 (deferiprone:iron) complex which is excreted in the urine. Has a lower affinity for other metals such as copper, aluminum, and zinc.

**Pre-Authorization Criteria:** treatment of chronic transfusional iron overload due to thalassemia syndromes with inadequate response to other chelation therapy.

**Note:**An FDA-approved patient **Medication Guide**, which is available with the product information and at <a href="http://www.fda.gov/downloads/Drugs/DrugSafety/UCM302558.pdf">http://www.fda.gov/downloads/Drugs/DrugSafety/UCM302558.pdf</a>, must be dispensed with this medication.

# **Dosing: Adult:**

Note: Round dose to the nearest 250 mg (or  $^{1}/_{2}$  tablet). If serum ferritin falls consistently below 500 mcg/L, consider temporary treatment interruption.

Transfusional iron overload: Oral: Initial: 25 mg/kg 3 times/day (75 mg/kg/day); individualize dose based on response and therapeutic goal; maximum dose: 33 mg/kg 3 times/day (99 mg/kg/day)

# **Dosing: Pediatric:**

Pediatric dosing is currently unabailable or not applicable for this drug.

# **Dosing: Geriatric:**

Refer to adult dosing. Begin at the low end of dosing range.

#### **Dosing: Renal Impairment:**

No dosage adjustments are provided in the manufacturer's labeling (has not been studied).

# **Dosing: Hepatic Impairment:**

No dosage adjustments are provided in the manufacturer's labeling (has not been studied).

# **Dosing: Adjustment for Toxicity:**

ANC <1500/mm<sup>3</sup>: Interrupt treatment

ANC <500/mm<sup>3</sup>: In addition to treatment interruption, consider hospitalization (and other clinically-appropriate management); do not resume or rechallenge unless the potential benefits outweigh potential risks

Infection: Interrupt treatment; monitor ANC more frequently

# **Dosage Forms: U.S.:**

Excipient information presented when available (limited, particularly for generics); consult specific product labeling.

Tablet, Oral:

Ferriprox: 500 mg [scored]

Generic Equivalent Available: U.S.-No

#### Administration:

Administer in the morning, at mid day and in the evening. Administration with food may decrease

#### **Adverse Reactions:**

>10%: nausea, chromaturia

Other Serious Less Common Reactions: hypersensitivity reactions, anaphylaxis, Henoch-Schonlein purpura, neutropenia, agranulocytosis, thrombocytopenia, pancytopenia

#### **U.S. BOXED WARNING:**

Agranulocytosis/Neutropenia may occur and lead to serious infections and death; neutropenia may precede agranulocytosis; measure ANC at baseline, then q week; interrupt treatment if ANC <1500 cells/mm³; interrupt treatment if infection develops and monitor ANC more frequently; advise patients to promptly report any symptoms of infection.

#### **References:**

- 1. Ceci A, Baiardi P, Felisi M, et al, "The Safety and Effectiveness of Deferiprone in a Large-Scale, 3-Year Study in Italian patients," *Br J Haematol*, 2002, 118(1):330-6. [PubMed 12100170]
- 2. Cohen AR, Galanello R, Piga A, et al, Safety and Effectiveness of Long-Term Therapy With the Oral Iron Chelator Deferiprone," *Blood*, 2003, 102(5):1583-7. [PubMed 12763939]
- 3. Neufeld EJ, "Oral Chelators Deferasirox and Deferiprone for Transfusional Iron Overload in Thalassemia Major: New Data, New Questions," *Blood*, 2006, 107(9):3436-41.
- 4. www.uptodate.com: Deferiprone: Drug Information
- 5. <u>www.epocrates.com</u>: Ferriprox Drug Information

# **REVISION HISTORY:**

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		Robert Sterling, MD	
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