Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

FERRIPROX® (deferiprone)

GPI CODING:

93100028000320

DESCRIPTION:

Ferriprox is an oral iron chelator that is FDA-approved for the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.

APPROVAL DURATION:

Initial approvals and renewals: 12 months

CRITERIA FOR FERRIPROX

I. Patient has a diagnosis of transfusional iron overload **AND**
II. Previous chelation agent received is documented (Exjade and/or Desferal) **AND**
III. Patient has had an inadequate response or intolerance to current chelation therapy **AND**
IV. Baseline absolute neutrophil count (ANC) has been measured prior to starting Ferriprox therapy **AND**
V. Ferriprox therapy will be interrupted if patient develops neutropenia or infection

Authorization for continued use shall be reviewed at least every 12 months to confirm the following:

I. Current ANC is collected and documented
AND
II. Current ANC is ≥ 1.5 x 109/L **OR**
III. Current ANC is ≥ 0.5 x 109/L and Ferriprox will be withheld until ANC increases to ≥ 1.5 x 109/L
AND
IV. Ferriprox therapy will be interrupted if patient develops neutropenia or infection