



Ferriprox[®] (deferiprone) Dosing and Administration



Anne, actual Ferriprox patient

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1-866-758-7071 – we're ready to help!

Indication

Ferriprox[®] (deferiprone) is an iron chelator indicated for the treatment of transfusional iron overload in patients with:

- thalassemia syndromes
- sickle cell disease or other anemias

Ferriprox Tablets are indicated in adult and pediatric patients ≥ 8 years of age; Ferriprox Oral Solution is indicated in patients ≥ 3 years of age.

Limitations of Use:

Safety and effectiveness have not been established for the treatment of transfusional iron overload in patients with myelodysplastic syndrome or in patients with Diamond Blackfan anemia.

Important Safety Information

WARNING: AGRANULOCYTOSIS AND NEUTROPENIA

- Ferriprox can cause agranulocytosis that can lead to serious infections and death. Neutropenia may precede the development of agranulocytosis.
- Measure the absolute neutrophil count (ANC) before starting Ferriprox and monitor regularly while on therapy.
- Interrupt Ferriprox therapy if neutropenia develops.
- Interrupt Ferriprox if infection develops, and monitor the ANC more frequently.
- Advise patients taking Ferriprox to report immediately any symptoms indicative of infection.

Please see full [Prescribing Information](#), including boxed **WARNING** and Medication Guide inside.





Pranav and Anne, actual Ferriprox patients

Ferriprox[®] dosing optimization

Ferriprox dosing is adjustable

Administration with food may reduce the incidence of nausea and vomiting.¹

TITRATION SCHEDULE
IF NEEDED:

Help to minimize
gastrointestinal (GI) upset

45 mg/kg/day	60 mg/kg/day
WEEK 1	WEEK 2

Titrate Ferriprox by
15 mg/kg/day weekly.

THERAPEUTIC DOSE

75
mg/kg/day



99
mg/kg/day

ADJUST FOR OPTIMAL CHELATION

Increasing the dose of Ferriprox from 75 mg/kg/day up to 99 mg/kg/day may improve efficacy in iron chelation.^{1,2}

**The incidence
of neutropenia and
agranulocytosis
is not dose related
within the therapeutic
range.³**

Important Safety Information

Avoid co-administration of Ferriprox with other drugs known to be associated with neutropenia or agranulocytosis; however, if this is unavoidable, closely monitor the absolute neutrophil count. Avoid co-administration with UGT1A6 inhibitors. Allow at least a 4-hour interval between administration of Ferriprox and drugs or supplements containing polyvalent cations (e.g., iron, aluminum, or zinc).

Monitoring your patients on Ferriprox is straightforward:¹

Absolute neutrophil count (ANC)

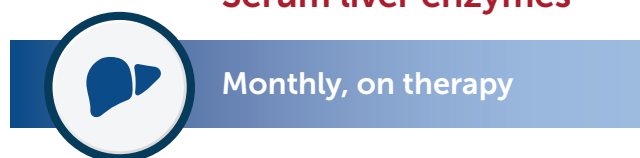


[†] For patients whose Ferriprox has not been interrupted due to any decrease in the neutrophil count the frequency of ANC monitoring may be extended.

[‡] After one year of therapy: Monitor ANC every two to four weeks (or at the patient's blood transfusion interval) in patients that have not experienced an interruption due to any decrease in ANC.

Reduction in the frequency of ANC monitoring should be considered on an individual patient basis, according to the healthcare provider's assessment of the patient's understanding of the risk minimization measures required during therapy.

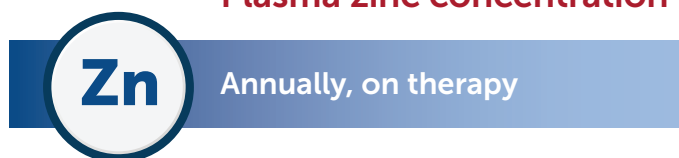
Serum liver enzymes



Monthly, on therapy

Increased ALT levels were observed in clinical trials. Consider interruption of therapy if there is a **persistent** increase in serum transaminase levels.

Plasma zinc concentration



Annually, on therapy

Decreased plasma zinc concentrations have been observed in patients on Ferriprox.



Important Safety Information

The most common adverse reactions in patients with thalassemia (incidence $\geq 6\%$) are nausea, vomiting, abdominal pain, arthralgia, ALT increased and neutropenia. The most common adverse reactions in patients with sickle cell disease or other anemias (incidence $\geq 6\%$) are pyrexia, abdominal pain, bone pain, headache, vomiting, pain in extremity, sickle cell anemia with crisis, back pain, ALT increased, AST increased, arthralgia, oropharyngeal pain, nasopharyngitis, neutrophil count decreased, cough and nausea.

Please see Important Safety Information on reverse. Please see full Prescribing Information, including boxed WARNING and Medication Guide, in the folder.

Choice of formulations

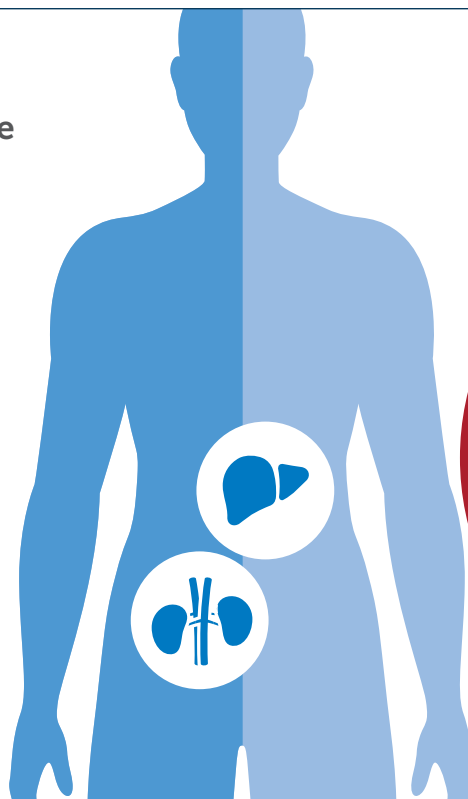
Ferriprox offers a choice of oral formulations for optimal chelation^{1§}

		
Strength	1000 mg	100 mg/mL
NDC#	10122-104-01	10122-101-50
Frequency	Twice-A-Day	Three-Times-A-Day
Formulation	Tablets	Oral solution

§ 500 mg and 1000 mg Three-Times-A-Day tablets are still available. Talk to a Chiesi Total Care pharmacist for more information: 1-866-758-7071.

No dosage adjustment required for patients with renal or hepatic impairment^{1¶}

Ferriprox is suitable for patients with mild to severe renal or mild to moderate hepatic impairment.^{1¶}



In clinical studies, renal or hepatic impairment had no significant effect on systemic exposure to Ferriprox¹

¶ Ferriprox was not studied in patients with end-stage renal disease (ESRD) or severe hepatic impairment.

Indication and Important Safety Information

Indication

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- **Interrupt Ferriprox therapy if neutropenia develops.**
- **Interrupt Ferriprox if infection develops, and monitor the ANC more frequently.**
- **Advise patients taking Ferriprox to report immediately any symptoms indicative of infection.**

Ferriprox is contraindicated in patients with known hypersensitivity to deferiprone or to any of the excipients in the formulations.

In pooled clinical trials, 7.5% of 642 patients with thalassemia syndromes treated with Ferriprox developed increased ALT values. Four (0.62%) Ferriprox-treated subjects discontinued the drug due to increased serum ALT levels and 1 (0.16%) due to an increase in both ALT and AST. In pooled clinical trials, 7.7% of 196 patients with sickle cell disease or other anemias treated with Ferriprox developed increased ALT values. Monitor serum ALT values monthly during therapy with Ferriprox and consider interruption of therapy if there is a persistent increase in the serum transaminase levels. Decreased plasma zinc concentrations have been observed on deferiprone therapy. Monitor plasma zinc annually, and supplement in the event of a deficiency.

Ferriprox can cause fetal harm. Advise females of reproductive potential to use an effective method of contraception during treatment with Ferriprox and for at least six months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with Ferriprox and for at least three months after the last dose. Advise females not to breastfeed during treatment with Ferriprox and for at least 2 weeks after the last dose.

Avoid co-administration of Ferriprox with other drugs known to be associated with neutropenia or agranulocytosis; however, if this is unavoidable, closely monitor the absolute neutrophil count. Avoid co-administration with UGT1A6 inhibitors. Allow at least a 4-hour interval between administration of Ferriprox and drugs or supplements containing polyvalent cations (e.g., iron, aluminum, or zinc).

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Inform patients that their urine might show a reddish/brown discoloration due to the excretion of the iron-deferiprone complex. This is a very common sign of the desired effect, and it is not harmful.

Advise patients to avoid alcohol while taking Ferriprox tablets (twice-a-day). Consumption of alcohol while taking Ferriprox tablets (twice-a-day) may result in more rapid release of deferiprone.

Please see full Prescribing Information, including boxed WARNING and Medication Guide.

References: 1. Ferriprox® (deferiprone) Prescribing Information. Chiesi, November 2021. 2. Binding A, et al. Deferiprone exerts a dose-dependent reduction of liver iron in adults with iron overload. *Eur J Haematol* 2019;103(2):80-87. 3. Tricta F, et al. Deferiprone-induced agranulocytosis: 20 years of clinical observations. *Am J Haematol* 2016;91(10):1026-1031.

For more information, visit ferriprox.com.

Chiesi Total CareSM Program offered through EVERSANA Life Science Services Specialty Pharmacy

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