



Ferriprox® (deferiprone)
Prior Authorization
and Access Guide

Visit chiesitotalcare.com or call 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.

Please see <u>full Prescribing Information</u>, including boxed WARNING and Medication Guide inside.

WARNING: AGRANULOCYTOSIS AND NEUTROPENIA

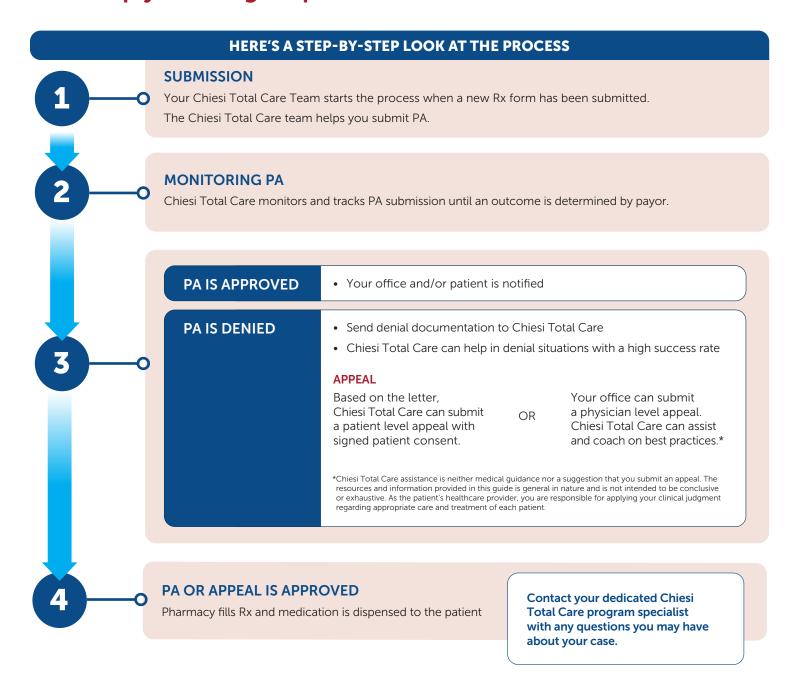
- Ferriprox can cause agranulocytosis that can lead to serious infections and death. Neutropenia may precede the development of agranulocytosis.
- Measure the absolute neutrophil count (ANC) before starting Ferriprox and monitor regularly while on therapy.
- Interrupt Ferriprox therapy if neutropenia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





Maria, actual Ferriprox patient

Chiesi Total CareSM will submit for insurance reimbursement and help you navigate prior authorization (PA).



PA denied? Chiesi Total Care is here to help.

It's not uncommon for the first PA submission to be denied. With a long track record of success in gaining PA and appeal approvals, Chiesi Total Care is here to provide assistance with the appeal process. Chiesi Total Care will assist in providing additional resources and/or publications depending on the reasons for denial. To request a copy of an additional resource or publication, please reach out directly to us.medical@chiesi.com.

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Chiesi Total Care can help improve compliance and adherence.



We provide updates on your patient's therapy and alert the office should there be an issue with compliance. We also help patients stay compliant by helping them cope with side effects and answering questions.

We can help by:

- Alerting when to refill or when refills are being missed
- Counseling patients on managing side effects
- Providing 24/7 pharmacist access
- Enrolling patients in the Ferriprox Copay Program patients may pay as little as \$0 if eligible[†]



Lesa, Chiesi Total Care Pharmacist

† Please refer to the full Terms and Conditions in the back pocket for additional eligibility requirements.

Here is a checklist of best practices for Prior Authorization submission:

Write "Dispense as written" on prescription Rx form
Include pertinent clinical notes, dates, and laboratory findings
Include prescribing practitioner NPI number and contact information
Include medical rationale for why the patient cannot use generic or preferred formulary drugs
Include therapeutic alternatives that were tried in the past, include documentation as to why it was inadequate

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).

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

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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.

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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.

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.

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