Ferriprox® (deferiprone) Prescription Form

To get a patient started on Ferriprox follow the 2 steps outlined below.

Visit chiesitotalcare.com or call 1-866-758-7071 if you have any questions.

Step 1

Fill out the Physician Order/Prescription Form. *(See actual form on page 2.)*

If patient has transfusional iron overload, both the **Diagnosis** (primary diagnosis) and **Due to** (secondary diagnosis) sections must be completed.

MEDICAL INFORMATION

Diagnosis: ☐ Transfusional Iron Overload E83.111

Due to: ☐ Beta Thalassemia D56.1 ☐ Other Thalassemias D56.8 ☐ Other Anemias _____

☐ Sickle Cell Disease D57.1 ☐ Other Sickle Cell Disease D57.8 ☐ Other _____

Specify formulation and titration schedule.

FERRIPROX® (DEFERIPRONE) PRESCRIPTION/ORDER

TWICE-A-DAY FORMULATION

☐ **Ferriprox (deferiprone) Twice-A-Day tablets 1000 mg†**

Sig: Take _____tablets po BID

THREE-TIMES-A-DAY FORMULATION†

☐ Ferriprox (deferiprone) oral solution 100 mg/mL

Sig: Take _____mL po TID or see Rx attached

† 500 mg and 1000 mg Three-Times-A-Day tablets are still available. Talk to your pharmacist for more information.

(Standard dose is 75-99 mg/kg/day divided into 2 doses/day for Twice-A-Day tablets or 3 doses/day for oral solution.) **Dispense 30-day supply.**

Number of Refills _____

Sign and handwrite "Dispense as Written".

‡ All state laws for generic substitution apply and should be considered when requesting.

ATTENTION: E-prescribe or use the official state prescription form where required by state law. No stamped signatures or signing on behalf of the prescriber.

x _____ Licensed Prescriber Signature (required – no stamps). Handwrite "Dispense as Written"‡. | Printed Name _____ | Date _____

‡ All state laws for generic substitution apply and should be considered when requesting.
ATTENTION: E-prescribe or use the official state prescription form where required by state law. No stamped signatures or signing on behalf of the prescriber.

ICD-10 Diagnosis Codes

Diagnosis	Current indication
D55.8	Other anemias due to enzyme disorders
D56.1	Beta Thalassemia
D56.8	Other Thalassemia
D57.1	Sickle Cell Disease
D57.8	Other Sickle Cell Disease
D58.1	Hereditary elliptocytosis
D58.9	Hereditary hemolytic anemia, unspecified

Diagnosis	Current indication
D59.5	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]
D61.2	Aplastic anemia due to other external agents
D61.89	Other plastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D63.8	Anemia in other chronic diseases classified elsewhere

Diagnosis	Current indication
D64.1	Secondary sideroblastic anemia due to disease
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.9	Anemia, unspecified
E83.111	Hemochromatosis due to repeated red blood cell transfusions
E87.71	Transfusion associated circulatory overload

Intended as a reference for coding and billing for product and associated services. Not intended to be a directive, nor does the use of the recommended codes guarantee reimbursement. Providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

Step 2

Once you have completed the form:

1. Attach copies of patient insurance and prescription cards – front and back.
2. **First prescription for the patient:**
   THE FIRST COPY OF THE FORM MUST BE FAXED FOR EACH PATIENT. Fax completed form to Chiesi Total Care℠ at 1-866-565-7794. **Please complete one form per patient.**
3. **Subsequent prescriptions:**
   If you wish to send additional forms via e-script please search for "Eversana Life Science Services" in your EMR/HMR's e-prescribing software.

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 Important Safety Information, including boxed WARNING, on page 3.

Chiesi TOTAL care℠

Physician Prescription/Order & Statement of Medical Necessity

Ferriprox® TWICE-A-DAY deferiprone 1000 mg tablets

Ferriprox® deferiprone
1000 mg tablets
500 mg tablets
Oral solution 100 mg/mL

1. First prescription for the patient: Fax completed form to 1-866-565-7794
2. Subsequent prescription: May be e-script via EVERSANA Life Science Services Specialty Pharmacy in your EMR/HMR system
Call 1-866-758-7071 if you have questions regarding this form or contact Chiesi Total Care℠

PATIENT INFORMATION

Patient Name (Last, First) _____ Email _____

Social Security # _____-_____-_____ Sex: ☐ Male ☐ Female Date of Birth _____ (mm/dd/yyyy)

Address _____ City _____ State _____ Zip _____

Primary Phone (Required) _____ Cell Phone _____ Language: ☐ English ☐ Other _____

Please attach copies of patient insurance and prescription cards – front and back.

MEDICAL INFORMATION

Diagnosis: ☐ Transfusional Iron Overload E83.111

Due to: ☐ Beta Thalassemia D56.1 ☐ Other Thalassemias D56.8 ☐ Other Anemias _____
☐ Sickle Cell Disease D57.1 ☐ Other Sickle Cell Disease D57.8 ☐ Other _____

Height_____ inches or _____cm Weight _____ lb or _____ kg Allergies: ☐ None or Specify_____

Lab test	Results	Date (mm/dd/yyyy)
Most recent serum ferritin level (target level <500 ng/mL)		

If available please provide the following	Results	Date (mm/dd/yyyy)
Most recent liver iron concentration value (target level <3,000 μg/g dry weight)		
Most recent cardiac MRI T2* value (target level >20 ms)		

Prior Chelation Therapy _____ **Current Chelation Therapy** _____

Transfusion History

Approximate number of blood units/month	
Approximate interval between transfusions (weeks)	

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☐ Ferriprox (deferiprone) oral solution 100 mg/mL
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† 500 mg and 1000 mg Three-Times-A-Day tablets are still available. Talk to your pharmacist for more information.

(Standard dose is 75-99 mg/kg/day divided into 2 doses/day for Twice-A-Day tablets or 3 doses/day for oral solution.) **Dispense 30-day supply.**
Number of Refills _____

PHYSICIAN/OFFICE INFORMATION

Prescriber's Name (print) _____ Office Phone _____
Prescriber's Email _____ Office Fax _____
Practice/Group Name _____ License # _____
Address _____ Suite_____ State _____ Zip _____
City _____ NPI #_____
Office Contact Person _____

By signing below, I certify that I am part of the Chiesi Total Care Program, that the therapy described above is medically necessary, and that the information provided is accurate to the best of my knowledge. I also attest that I have obtained the patient's authorization to release the above information and such other personal information as may be necessary to the Chiesi Total Care Program and/or their agents. If the patient is 18 years old or younger, I attest that I have obtained permission from the patient's legal guardian.

Prescriber's Signature _____ _____ Date _____
Substitution Permitted Dispense as Written

Ferriprox Twice-A-Day is available as 1000 mg BID tablets.
Ferriprox is available as 1000 mg and 500 mg (immediate release) Three-Times-A-Day tablets and as 100 mg/mL oral solution.
Please see Important Safety Information, including boxed WARNING, on the back.

Scan for digital RX form.

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.**

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).

The most common adverse reactions in patients with thalassemia (incidence ≥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 ≥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.

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

Chiesi Total Care Program offered through EVERSANA Life Science Services Specialty Pharmacy.

CHIESI TOTAL CARE

PHONE
1-866-758-7071

HOURS OF OPERATION
Monday to Friday
7:00am - 6:00pm (Central Time)

FAX
1-866-565-7794

WEBSITE
chiesitotalcare.com

For more information, visit ferriprox.com.

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Ferriprox TWICE-A-DAY deferiprone 1000 mg tablets

Ferriprox® deferiprone
1000 mg tablets
500 mg tablets
Oral solution 100 mg/mL