

Pharmacy Policy

Iron Chelating Agents

Policy Number: 9.625

Version Number: 2.0

Version Effective Date: 3/1/2022

Product Applicability <input type="checkbox"/> All Plan+ Products	
Well Sense Health Plan <input type="checkbox"/> New Hampshire Medicaid	Boston Medical Center HealthNet Plan <input type="checkbox"/> MassHealth ACO <input type="checkbox"/> MassHealth MCO <input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Deferiprone 500mg Tablet
- Ferriprox 100mg Tab, 1000mg Twice-A-Day Tab, 100mg/ml
- Deferasirox Tablets and Soluble Tablets

The Plan may authorize coverage of the above products for members meeting the following criteria:

Required Medical Information	deferiprone and Ferriprox: <ol style="list-style-type: none"> 1. Member has diagnosis of transfusional iron overload due to thalassemia syndromes, sickle cell disease or other anemias; AND 2. Previous iron chelation therapy has failed or is considered to be inadequate (serum ferritin level >2,500 µg/L; AND
-------------------------------------	--

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

	<p>3. Ferriprox Twice-A-Day: Documentation that member has had an inadequate response, intolerance or contraindication to Ferriprox 1000mg formulation administered three times per day.</p> <p>deferasirox:</p> <ol style="list-style-type: none"> 1. Member has diagnosis of chronic iron overload due to blood transfusions; AND <ol style="list-style-type: none"> a. Has had a transfusion of at least 100mL/kg of packed red blood cells; AND b. Has a serum ferritin level consistently greater than 1000mcg/L; OR 2. Member has a diagnosis of chronic iron overload due to non-transfusion dependent thalassemia syndrome; AND <ol style="list-style-type: none"> a. Liver iron concentration (LIC) is at least 5 mg of iron per g of dry liver tissue weight; AND b. Serum ferritin is >300mcg/L
Coverage Duration	3 months
Other criteria	<p>Reauthorization:</p> <ol style="list-style-type: none"> 1. Member has met initial criteria; AND 2. Member has experienced an adequate response to therapy shown as a reduction in serum ferritin level from pretreatment

Clinical Background Information and References

1. Di Maggio, R. and Maggio, A. (2017), The new era of chelation treatments: effectiveness and safety of 10 different regimens for controlling iron overloading in thalassaemia major. Br J Haematol, 178: 676-688.
2. Ferriprox [Package Insert]. Rockville, MD: ApoPharma USA, Inc.; Accessed Oct. 2021.
3. Jadenu [Package Insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; Accessed Oct. 2021.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Policy Revisions History			
12/1/2020	Policy created	1/1/2021	P&T Committee
11/11/2021	Removed brand products (Jadenu and Ferriprox) from policy where there was a generic available. Addition of deferasirox soluble tablets to the policy. Addition of sickle cell disease and other anemias diagnoses to deferiprone and Ferriprox criteria to align with PI. Addition of Ferriprox Twice-A-Day criteria to require a trial of the three times a day formulation prior. Addition of the criteria that member must meet initial criteria to reauthorization.	3/1/2022	P&T Committee

Next Review Date

2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service;

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Iron Chelating Agents