



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DEFEROXAMINE

Generic	Brand	HICL	GCN	Exception/Other
DEFEROXAMINE	DESFERAL	01104		

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of chronic iron overload due to transfusion-dependent anemias and meet ALL of the following criteria?
 - The medication is being prescribed by or given in consultation with a hematologist or hematologist-oncologist
 - The patient is 3 years of age or older
 - Serum ferritin levels consistently greater than 1000mcg/L (at least 2 lab values in the previous 3 months)

If yes, **approve for 6 months by HICL.**

If no, do not approve.

DENIAL TEXT: The guideline named **DEFEROXAMINE (Desferal)** requires a diagnosis of chronic iron overload due to transfusion-dependent anemias. Treatment must be prescribed by or given in consultation with a hematologist or hematologist-oncologist. The following criteria must also be met:

- The patient is 3 years of age or older
- Serum ferritin levels consistently greater than 1000mcg/L (at least 2 lab values in the previous 3 months)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of chronic iron overload due to transfusion-dependent anemias and meet the following criteria?
 - Serum ferritin levels consistently greater than 500mcg/L (at least 2 lab values in the previous 3 months)

If yes, **approve for 12 months by HICL.**

If no, do not approve.

DENIAL TEXT: The guideline named **DEFEROXAMINE (Desferal)** requires a diagnosis of chronic iron overload due to transfusion-dependent anemias for renewal. The following criteria must also be met:

- Serum ferritin levels consistently greater than 500mcg/L (at least 2 lab values in the previous 3 months)

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RATIONALE

Promote appropriate utilization of **DEFEROXAMINE** based on FDA approved indication and treatment guidelines.

FDA APPROVED INDICATIONS

Desferal (deferoxamine) is indicated for the treatment of acute iron intoxication and chronic iron overload due to transfusion-dependent anemias.

DOSAGE AND ADMINISTRATION

- Acute iron intoxication:
 - IM (this route for patient not in shock): 1000mg followed by 500mg every 4 hours for two doses. Depending on the clinical response, subsequent 500mg may be administered every 4 to 12 hours. Total amount should not exceed 6000mg in 24 hours.
 - IV (this route for patients in shock): 1000mg at a rate of 15mg/kg/hr. This may be followed by 500mg over 4 hours for a two doses. Depending on the clinical response, subsequent 500mg may be administered every 4 to 12 hours. Total amount should not exceed 6000mg in 24 hours.
- Chronic iron overload due to transfusion-dependent anemias
 - SQ: 1000 to 2000mg per day (20-40mg/kg/day) should be administered over 8 to 24 hours via a continuous infusion pump.
 - IV: in patients with intravenous access, the daily dose is 20-40mg/kg/day for children and 50-40mg/kg/day over 8 to 12 hours in adults for 5-7 days per week. Max dose in children is 40mg/kg/day and adults is 60mg/kg/day. In patients who are poorly compliant, Desferal may be administered prior to or following same day blood transfusion; however, the contribution of this mode of administration to iron balance is limited.
 - IM: 500 to 1000mg daily.

REFERENCES

- Desferal [Prescribing Information]. Novartis Pharmaceuticals Corporation: East Hanover, NJ. December 2011.
- Standards of Care Guidelines for Thalassemia. 2012. Children's Hospital & Research Center, Oakland CA. Available from: <http://thalassemia.com/documents/SOCGuidelines2012.pdf>
- Cappellini MD, et al. Guidelines for the Management of Transfusion Dependent Thalassemia (TDT): Iron Overload and Chelation. 3rd edition. Nicosia (CY):Thalassaemia International Federation;2014. Accessed 4/10/2017. Access here: <http://www.resonancehealth.com/images/files/clinician-information/patient-management-guidelines/TIF%20Guidelines%20for%20the%20Management%20of%20Transfusion%20Dependent%20Thalassaemia.pdf>
- Taher A, et al. Guidelines for the Management of Non Transfusion Dependent Thalassemia (NTDT): Iron Overload and Chelation. Nicosia (CY):Thalassaemia International Federation;2013. Accessed 4/10/2017. Access here: <http://thalassemia.com/documents/NTDT-TIF-guidelines.pdf>

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Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/01/17

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P&T Approval: 07/17