Clinical Policy: Deferoxamine (Desferal)

Reference Number: ERX.SPMN.131
Effective Date: 10/16 Revision Log
Last Review Date: 09/16

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy/Criteria
It is the policy of health plans affiliated with Envolve Pharmacy Solutions ® that deferoxamine (Desferal®) is **medically necessary** for members meeting the following criteria:

I. Initial Approval Criteria

A. Iron Overload Due To Transfusion (meets all):

1. Diagnosis of iron overload due to transfusion-dependent anemias;
2. Age ≥ 3 years;
3. Transfusion history of ≥ 100 mL/kg of pRBCs (e.g., ≥ 20 units of pRBCs for a 40 kg person or more in individuals weighing more than 40 kg) and a serum ferritin level consistently > 1,000 mcg/L.

Approval duration: 3 months

B. Other diagnoses/indications: Refer to ERX.SPMN.16 - Global Biopharm Policy.

II. Continued Approval

A. Iron Overload Due To Transfusion (meets all):

1. Currently receiving medication via health plan benefit or member has previously met all initial approval criteria;
2. Submission of current lab result supporting that serum ferritin level is ≥ 500 mcg/L.

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via health plan benefit and documentation supports positive response to therapy; or
2. Refer to ERX.SPMN.16 - Global Biopharm Policy.

Background
Description/Mechanism of Action:
Deferoxamine chelates iron by forming a stable complex that prevents the iron from entering into further chemical reactions. It readily chelates iron from ferritin and hemosiderin but not readily from transferrin; it does not combine with the iron from cytochromes and hemoglobin. Deferoxamine does not cause any demonstrable increase in

the excretion of electrolytes or trace metals. Theoretically, 100 parts by weight of deferoxamine is capable of binding approximately 8.5 parts by weight of ferric iron.

FDA Approved Indication:
Desferal is an iron chelator/vial for intramuscular, subcutaneous, and intravenous administration indicated for the treatment of acute iron intoxication and of chronic iron overload due to transfusion-dependent anemias.

Appendices
Appendix A: Abbreviation Key
pRBCs: packed red blood cells

Reviews, Revisions, and Approvals	Date	Approval Date
Policy split from USS.CP.PHAR.104 Iron Overload Treatment and converted to new template. Added age restriction and transfusion history requirements to initial approval criteria and efficacy requirements for continued approval criteria.	07/16	09/16

References
1. Desferal [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; December 2011.

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.