Reference number(s)
1620-A

SPECIALTY GUIDELINE MANAGEMENT

DESFERAL (deferoxamine)
deferoxamine mesylate (generic)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
Chronic iron overload due to transfusion-dependent anemias

B. Compendial Uses
1. Aluminum toxicity in patients undergoing dialysis
2. Hereditary hemochromatosis

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

Chronic iron overload due to transfusion-dependent anemias:
A. Initial requests: pretreatment serum ferritin level
B. Continuation requests: current serum ferritin level

III. CRITERIA FOR INITIAL APPROVAL

A. Chronic Iron Overload due to Transfusion-Dependent Anemias
Authorization of 6 months may be granted for treatment of chronic iron overload due to transfusion-dependent anemias when the pretreatment serum ferritin level is consistently greater than 1000 mcg/L.

B. Aluminum toxicity in Members Undergoing Dialysis
Authorization of 6 months may be granted for treatment of aluminum toxicity in members undergoing dialysis.

C. Hereditary Hemochromatosis
Authorization of 6 months may be granted for treatment of hereditary hemochromatosis when phlebotomy is not an option (e.g., poor candidate due to underlying medical disorders) or the member had an unsatisfactory response to phlebotomy.

IV. CONTINUATION OF THERAPY

A. Chronic Iron Overload due to Transfusion-Dependent Anemias
Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for chronic iron overload due to transfusion-dependent anemias when member is experiencing benefit from therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline.

B. Aluminum toxicity in Members Undergoing Dialysis
Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for aluminum toxicity while undergoing dialysis when member is experiencing benefit from therapy as evidenced by any of the following:
1. Decreased serum aluminum concentrations
2. Symptomatic improvement (e.g., neurological symptom improvement, decreased bone pain)

C. Hereditary Hemochromatosis
Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for hereditary hemochromatosis when member is experiencing benefit from therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline.

V. REFERENCES

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7. Hoffbrand AV, Taher A, Cappellini MD. How I treat transfusional iron overload. *Blood* 2012;120(18):3657-69.
8. Adams P, Barton J, et al. How I Treat Hemochromatosis. *Blood* 2010; (116): 317-325.
9. Kowdley, Kris V. MD, FACG1; Brown, Kyle E. MD, MSc2,3,4; Ahn, Joseph MD, MS, MBA, FACG (GRADE Methodologist)5; Sundaram, Vinay MD, MSc6 ACG Clinical Guideline: Hereditary Hemochromatosis, The American Journal of Gastroenterology: August 2019 - Volume 114 - Issue 8 - p 1202-1218