ApoPharma USA TOTAL care

Physician Order / Prescription & Statement of Medical Necessity

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

Please fax completed form to ApoPharma Total Care staff at 1-866-565-7794

PATIENT INFORMATION

Patient Name (Last, First) _____

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

Address _____ City _____St_____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_____

Height_____inches **WEIGHT** _____lb or _____kg Allergies ☐ None or Specify_____

Lab test	Results	Date (mm/dd/yyyy)
Most recent serum ferritin level		

If available please provide the following	Results	Date (mm/dd/yyyy)
Most recent liver iron concentration value		
Most recent cardiac MRI value		

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

Transfusion History

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

FERRIPROX PRESCRIPTION / ORDER

☐ Ferriprox (deferiprone) 1000 mg tablets*
Sig: Take _____tablets po TID
(standard dose is 75-99 mg/kg/day divided into 3 doses/day) **Dispense 30 day supply**
Number of Refills: _____

☐ Ferriprox (deferiprone) Liquid 100 mg/mL
Sig: Take_____mL po TID or see Rx attached.

* Ferriprox 500 mg tablets are still available. Talk to your pharmacist for more information.

PHYSICIAN / OFFICE INFORMATION

Prescriber's Name (print) _____ Office Phone _____

Practice/Group Name _____ Office Fax _____

Address _____ Suite_____ License # _____

City_____ State_____ Zip_____

Office Contact Person _____ NPI #_____

By signing below, I certify that I am part of the ApoPharma Total Care program and 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 ApoPharma 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 is available as 1000 mg and 500 mg tablets, for oral use, and as 100 mg/mL oral solution.
Please call 1-866-758-7071 if you have questions regarding this form or contact ApoPharma Total Care.
Please see Important Safety Information, including boxed WARNING, on the back.

Indication

Ferriprox® (deferiprone) is an iron chelator indicated for the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.

Approval is based on a reduction in serum ferritin levels. There are no controlled trials demonstrating a direct treatment benefit, such as improvement in disease-related symptoms, functioning, or increased survival.

Limitation of Use: Safety and effectiveness have not been established for the treatment of transfusional iron overload in patients with other chronic anemias.

Important Safety Information

WARNING: AGRANULOCYTOSIS/NEUTROPENIA

- **Ferriprox can cause agranulocytosis that can lead to serious infections and death. Neutropenia may precede the development of agranulocytosis. *[see Warnings and Precautions (5.1)]***
- **Measure the absolute neutrophil count (ANC) before starting Ferriprox and monitor weekly while on therapy. *[see Warnings and Precautions (5.1)]***
- **Interrupt Ferriprox if infection develops and monitor the ANC more frequently. *[see Warnings and Precautions (5.1)]***
- **Advise patients taking Ferriprox to report immediately any symptoms indicative of infection. *[see Warnings and Precautions (5.1)]***

Ferriprox is contraindicated in patients with known hypersensitivity to deferiprone or to any of the excipients in the formulation.

Ferriprox can cause fetal harm. Women should be advised of the potential hazard to the fetus and to avoid pregnancy while on this drug.

In clinical studies, 7.5% of 642 subjects 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. 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 Ferriprox therapy. Monitor plasma zinc, and supplement in the event of a deficiency.

Avoid use with other drugs known to be associated with neutropenia or agranulocytosis; however, if this is not possible, closely monitor the absolute neutrophil count. Allow at least a 4-hour interval between Ferriprox and mineral supplements or antacids that contain polyvalent cations (e.g., iron, aluminum, or zinc).

The most common (incidence ≥5%) adverse reactions are nausea, vomiting and abdominal pain, alanine aminotransferase increased, arthralgia, and neutropenia.

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

For more information visit ferriprox.com

Ferriprox®
deferiprone

1000 mg tablets
500 mg tablets
Oral Solution 100 mg/mL