

Subject: Clinical Deferiprone Dosage Guidelines for Superficial Siderosis

Deferiprone, an oral iron chelator, presents significant therapeutic potential for patients with superficial siderosis. To ensure optimal effectiveness and minimize potential interference with other substances, follow the below dosage and administration instructions:

- **Pharmacokinetics:** Deferiprone is optimally absorbed within the gastrointestinal tract, predominantly in the stomach and small intestine. Maximal absorption is typically observed around one hour post-administration on an empty stomach, and approximately two hours post-prandial.
- **Elimination:** The majority of deferiprone is cleared from the bloodstream within an eight-hour period following administration.
- **Dietary Restrictions:** To augment the chelation potential of deferiprone, it is advised to avoid iron, aluminum, and zinc-rich foods within a four-hour window surrounding deferiprone administration (two hours prior and two hours post-dose) to avert potential binding and impaired absorption.
- **Drug Interactions:** Co-administration of UGT1A6 inhibitors such as diclofenac, probenecid, Saw Palmetto, and Silymarin should be avoided due to the potential for interference with deferiprone action. Medications or dietary supplements containing polyvalent cation molecules including but not limited to chlorpheniramine, pseudoephedrine, antacids, iron salts, aluminum hydroxide, polyvalent minerals, sodium ferric gluconate complex, polysaccharide-iron complex, norethindrone, Ethinyl estradiol, ferrous fumarate, iron sucrose, sucroferric oxyhydroxide, ferric maltol, ferumoxytol, and zinc salts can also bind to deferiprone, inhibiting its absorption. A four-hour window should be maintained between deferiprone and these substances.
- **Special Considerations:** For superficial siderosis patients without systemic iron overload, a cyclical dosing regimen (five days on, two days off) may be employed to prevent the potential development of anemia while maintaining the drug's therapeutic efficacy. Iron-rich foods may be incorporated into the diet on the "off" days.

Dosage: The recommended daily dosage is 2,000mg, divided as follows:

- One 500mg tablet in the early morning, two hours prior to breakfast.
- Three 500mg tablets in the late evening, three to four hours post-evening meal.

This clinical guideline has been developed based on the current practices in the treatment of superficial siderosis patients. It is imperative that this guideline be reviewed by the attending physician prior to the initiation of deferiprone therapy.

For further queries and clarification, please contact:

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