

Exjade (deferasirox)

Coverage Criteria:

Reserved for patients:

1. With chronic iron overload due to blood transfusions in patients 2 years of age and older; or, chronic iron overload in patients 10 years of age and older with non-transfusion-dependent thalassemia (NTDT) syndromes and with a liver iron (Fe) concentration (LIC) of at least 5 mg Fe per gram of dry weight and a serum ferritin greater than 300 mcg/L.; and,
2. When prescribed by a hematology-oncology specialist; and,
3. The patient and/or guardian has attested that they will adhere to the treatment plan; and
4. Reserved for patients with a documented allergic reaction to the equivalent generic; and,
5. When prescribed according to an FDA approved dosing regimen.

Required Medical Information:

Current body weight is required.

Coverage Duration:

Initial authorizations will be for 12 months.

Renewal Criteria:

Annual reauthorizations will require medical chart documentation that the patient has been seen within the past 12 months and that markers of disease are improved by therapy. These include but may not be limited to reduction in serum ferritin, liver iron concentration (LIC) and a statement of progress against therapy goals.