

Jadenu/Exjade (deferasirox) and generics

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. When prescribed according to an FDA approved dosing regimen.
5. Multi-Source Brands are reserved for patients with a documented allergic reaction to the equivalent generic; and,
6. Non-formulary products (deferasirox sprinkle) are reserved for patients with an inadequate response to a preferred dosage form (deferasirox tablets), or with medical contra-indications to its use

Required Medical Information:

Current body weight

Coverage Duration:

Initial authorization and reauthorizations will be provided for 12 months

Renewal Criteria:

1. Annual reauthorizations will require medical chart documentation that the patient has been seen within the past 12 months; and,
2. 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.