Iron Chelation Prior Authorization with Quantity Limit Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

The BCBS MN Step Therapy Supplement also applies to this program for all Commercial/HIM lines of business.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
8/1/2023	10/1/2021

FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Exjade®* (deferasirox) Tablets for oral suspension	Treatment of chronic iron overload due to blood transfusions in patients 2 years and over Treatment of chronic iron overload in patients 10 years and older with non-transfusion dependent thalassemia syndromes and with a liver iron concentration (LIC) of at least 5 mg iron per gram of dry weight and a serum ferritin greater than 300 mcg/L Limitations of Use: The safety and efficacy of Exjade when administered with other iron chelation therapy have not been established	* – generic equivalent available	1
Ferriprox® (deferiprone) Oral solution	Treatment of transfusional iron overload in adult and pediatric patients 3 years of age and older with thalassemia syndromes Treatment of transfusional iron overload in adult and pediatric patients 3 years of age and older with sickle cell disease or other anemias Limitations of Use: Safety and effectiveness have not been established for the treatment of transfusional iron overload in patients with myelodysplastic syndrome or in patients with Diamond Blackfan anemia		4
Ferriprox®*	Treatment of transfusional iron overload in adult and pediatric patients 8 years of age and older with thalassemia syndromes	*– generic equivalent available	2 ; 3

Agent(s)	FDA Indication(s)	Notes	Ref#
(deferiprone) Tablet	Treatment of transfusional iron overload in adult and pediatric patients 8 years of age and older with sickle cell disease or other anemias Limitations of Use: Safety and effectiveness have not been established for the treatment of transfusional iron overload in patients with myelodysplastic syndrome or in patients with Diamond Blackfan anemia		
Jadenu®* (deferasirox) Tablets Sprinkle granules	Treatment of chronic iron overload due to blood transfusions in patients 2 years and older Treatment of chronic iron overload in patients 10 years and older with non-transfusion dependent thalassemia syndromes and with a liver iron concentration of at least 5 mg iron per gram of dry weight and a serum ferritin greater than 300 mcg/L Limitations of Use: The safety and efficacy of Jadenu when administered with other iron chelation therapy have not been established	* – generic equivalent available	5

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

Iron Overload	Patients with certain conditions (e.g., thalassemia, sickle cell disease, myelodysplastic syndrome, aplastic anemia, hemolytic anemia) are often transfusion dependent and receive excess iron with each transfusion. Chronic iron overload represents a serious complication of regular blood transfusions administered for a variety of hereditary and refractory anemias including thalassemia major, myelodysplastic syndromes, and sickle cell anemia.(6-10) Without treatment, the prognosis for patients with iron overload is poor.(6-9) Blood transfusions can markedly extend life expectancy in patients with chronic anemia and with the value of transfusion therapy in various chronic anemias becoming more widely appreciated, its use is likely to increase in the future.(6) Every unit of transfused blood contains 200-250 mg of iron, and the body has no inherent mechanism for removing excess iron.(8) Therefore, iron overload is an inevitable consequence in patients who require repeated blood transfusions.(6-10) Thalassemia syndrome is a group of conditions that cause the body to make fewer healthy red blood cells and less hemoglobin. Some patients with thalassemia require frequent transfusions of red blood cells to maintain an adequate level of hemoglobin and iron overload is common in these patients. Non-transfusion dependent thalassemia (NTDT) is a milder form of thalassemia that does not require individuals to

	get frequent red blood cell transfusions. Though, over time, some patients with NTDT are at risk for iron overload that may lead to damage to vital organs.(6-11) Circulating iron is bound to transferrin during normal iron homeostasis. When iron overload occurs, transferrin becomes saturated, resulting in the presence of non-transferrin bound iron (NTBI) in the plasma.(6,8-9) The toxicity of iron results from two related events: 1) excess iron deposits in various tissues of the body, particularly the liver, heart, and endocrine organs, and 2) free iron catalyzes the formation of highly reactive hydroxyl radicals that lead to membrane damage and denaturation of proteins. Without intervention, clinical complications due to excessive body iron levels leads to tissue damage, ultimately resulting in organ failure and death.(6,8-9) Therefore, initiating iron chelation therapy as early as possible reduces exposure to toxic levels of body iron and, in turn, minimizes the risk of developing iron overload-related complications.(11) Multiple organs are affected by iron overload including heart, lung, liver, and endocrine glands. Cardiac involvement is a major determinant of the prognosis of iron-overloaded states. The average time for the development of heart failure in transfused, un-chelated patients is 10 years. Iron chelating agents can reverse cardiac changes and improve cardiac function. Mortality in chronically transfused patients with thalassemia and sickle cell disease is 3 times that of the general U.S. population. The most common cause of mortality is cardiomyopathy (30%) induced by iron overload.(12) Iron chelation therapy is first-line therapy in patients with chronic iron overload due to blood transfusions. It reduces the risk for developing co-morbidities and improves patient survival.(6-8) The primary aim of iron chelation therapy is to bind to and remove iron from the body at a rate that is either equal to the rate of transfusional iron input or greater than iron input, and 24-hour protection from the harmful effects of toxic iron (NBTI).(6) The primary goal of iron chelation is to prevent the accumulation of harmful iron levels by matching iron intake from transfusions with excreted iron by chelation. Initiation of chelation therapy is a decision that has to be individualized but in general, transfusions exceeding 100 mL/kg is enough to merit evaluation of chelation therapy.(12)
Efficacy	Deferasirox products (Exjade and Jadenu) are orally active chelators for patients with chronic iron overload due to blood transfusions in patients 2 years of age and older.(1) The indication is based on reduction in serum ferritin and liver iron concentration. Deferasirox is also indicated for the treatment of 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 of at least 5 mg Fe per gram of dry weight and a serum ferritin greater than 300 mcg/L. Exjade has a half-life of 8 to 16 hours and is present in the plasma for 24 hours.(1) Therefore, Exjade is unique in providing constant chelation coverage with a convenient once-daily dosing.(1) In contrast, chelation coverage with deferoxamine (DFO) is limited to periods of drug exposure only.(6-10) Exjade has been shown to induce a mean net iron excretion within the clinically relevant range of 0.1-0.5 mg/kg/day and has shown to be effective for patients who were previously inadequately chelated with DFO.(1) Patients that have benefited from deferasirox in clinical trials include patients with beta-thalassemia and other congenital or chronic anemias, including

	myelodysplastic syndrome.(1) Initiation of Exjade should be considered when patients have evidence of chronic iron overload, such as the transfusion of approximately 100 milliliters/kilogram (kg) of packed red blood cells (approximately 20 units for a 40 kg patient) and a serum ferritin level consistently greater than 1000 mcg/liter.(1) The primary efficacy for Exjade was evaluated in a multicenter, open-label, randomized active comparator-controlled trial to compare Exjade (n of 276) and deferoxamine (n of 277) in 586 patents with beta-thalassemia and transfusional hemosiderosis. The primary efficacy endpoint was defined as a reduction in liver iron concentration (LIC) of greater than or equal to 3 mg Fe/g dry weight for baseline values greater than or equal to 10 mg Fe/g, reduction of baseline values between 7 and less than 10 to less than 7 Fe/g dry weight, or maintenance or reduction for baseline values less than 7 mg Fe/g. The percentage of patients achieving the primary endpoint was 52.9% for Exjade and 66.4% for deferoxamine. The relative efficacy of Exjade to deferoxamine cannot be determined from this study.(1) The second study conducted for Exjade was a non-comparative study in 184 patients with chronic anemias and transfusional hemosiderosis patients. This study showed a reduction in absolute LIC from baseline to study end.(1) Study 3 was a comparative study of Exjade (n of 132) to deferoxamine (n of 63) conducted in 195 patients with sickle cell disease and transfusional hemosiderosis. The mean change in LIC compared to baseline was -1.3 mg Fe/g for Exjade (n of 113) and -0.7 mg Fe/g for deferoxamine (n of 54). This was a statistically significant result.(6) The safety and efficacy of Exjade to treat chronic iron overload in patients with NTDT were established in two clinical trials designed to measure the number of patients whose LIC was reduced to less than 5 mg/g dry weight after 52 weeks of treatment. Results showed 15% (5 mg/kg dose) and 27% (10 mg/kg dose) of Exjade treated patients achieved the target LIC compared with 4% of the placebo treated patients. The second trial looked at 133 patients from the first study that either received an additional year of Exjade treatment, or switched from placebo to Exjade treatment. Thirty-five percent of the evaluable patients in this trial achieved the target LIC.(1) There is no clinical data in patients with Jadenu. Jadenu contains the same active ingredient as Exjade tablets for oral suspension. Jadenu tablets simplify administration of treatment for chronic iron overload as they can be consumed with or without a light meal, while Exjade is a dispersible tablet that must be mixed in liquid and taken on an empty stomach. Ferriprox (deferiprone) is a chelating agent with an affinity for ferric ions (iron iii). Deferiprone binds with ferric ions to form neutral 3:1 (deferiprone:iron) complexes that are stable at physiological pH.(2)

	The efficacy of deferiprone was assessed in a prospective, planned, pooled analysis of patients with thalassemia syndromes from several studies. The study evaluated transfusion-dependent iron overload patients in whom previous iron chelation therapy had failed or was considered inadequate due to poor tolerance. The main criterion for chelation failure was serum ferritin greater than 2,500 mcg/L before treatment with deferiprone. Deferiprone therapy was considered successful in individual patients who experienced at least a 20% decline in serum ferritin within one year of starting therapy. For the patients in the analysis, the endpoint of at least a 20% reduction in serum ferritin was met in 50%, with a 95% confidence interval of 43 to 57%.(2) Study LA38-0411, an actively-controlled non-inferiority study compared the efficacy of Ferriprox to that of deferoxamine in patients with sickle cell disease and other transfusion-dependent anemias by evaluating liver iron concentration (LIC). The efficacy of Ferriprox was established based upon the change in LIC from baseline after 12 months of Ferriprox compared to deferoxamine. After adjusting for the type I (alpha) error, the non-inferiority criterion was established as the upper limit of the 96.01% confidence interval for the difference between treatments being 2 mg/g dry weight.(2) Ferriprox tablets (twice daily formulation) were evaluated in trials in healthy subjects. Ferriprox tablets (twice daily formulation) contain deferiprone the same active ingredient as Ferriprox tablets (three times daily formulation) and Ferriprox oral solution.(3-4)

Safety(1-5)	Both Exjade and Jadenu have a boxed warning regarding acute kidney injury including acute renal failure requiring dialysis and renal tubular toxicity including Fanconi syndrome and death; hepatic toxicity including failure and death; and gastrointestinal hemorrhage which may be fatal. Patients should be monitored regularly for serum ferritin levels as well as signs of adverse events.
	
	• Ferriprox contains a boxed warning regarding agranulocytosis and neutropenia
	  ○ Ferriprox can cause agranulocytosis that can lead to serious infections and death. Neutropenia may precede the development of agranulocytosis
	  ○ Measure the absolute neutrophil count (ANC) before starting Ferriprox and monitor weekly while on therapy
	  ○ Interrupt Ferriprox if infection develops and monitor the ANC more frequently
	  ○ Advise patients taking Ferriprox to report immediately any symptoms indicative of infection
	
	• **Exjade** (deferasirox) is contraindicated in:
	  ○ Estimated GFR less than 40 mL/min/1.73 m^2
	  ○ Patients with poor performance status
	  ○ Patients with high-risk myelodysplastic syndrome (MDS)
	  ○ Patients with advanced malignancies
	  ○ Patients with platelet counts less than 50 X 10^9/L
	  ○ Known hypersensitivity to deferasirox or any component of Exjade

	• **Ferriprox** (deferiprone) is contraindicated in patients with a hypersensitivity to deferiprone or to any of the excipients in the formulations. • **Jadenu** (deferasirox) is contraindicated in: o Estimated GFR less than 40 mL/min/1.73 m^2 o Patients with poor performance status o Patients with high-risk myelodysplastic syndrome (MDS) o Patients with advanced malignancies o Patients with platelet counts less than 50 X 10^9/L o Known hypersensitivity to deferasirox or any component of Jadenu

REFERENCES

Number	Reference
1	Exjade Prescribing Information. Novartis Pharmaceuticals Corporation. July 2020.
2	Ferriprox 500 mg tablet Prescribing Information. Apotex Inc. November 2021.
3	Ferriprox 1000 mg tablet Prescribing Information. Apotex Inc. November 2021.
4	Ferriprox oral solution Prescribing Information. Apotex Inc. November 2021.
5	Jadenu Prescribing Information. Novartis Pharmaceuticals Corporation. July 2020.
6	Cappellini, M. Exjade (deferasirox, ICL670) in the treatment of chronic iron overload associated with blood transfusion. Therapeutics and Clinical Risk Management 2007:3(2); 291-299.
7	Brittenham, GM, Griffith PM, Nienhuis AW, et al. 1994. Efficacy of deferoxamine in preventing complications of iron overload in patients with thalassemia major. N Engl J Med. 331:567-73.
8	Porter JB. 2001a. Practical management or iron overload. Br J Haematol. 115:239-52.
9	Andrews NC, Disorders of iron metabolism. N Engl J Med. 1999;341(26):1986095.
10	Porter JB. 2001b. Deferoxamine pharmacokinetics. Semin Hematol. 38:63-8.
11	Yang L, Keam SJ, Keating GM. Deferasirox: A Review of its Use in the Management of Transfusional Chronic Iron Overload. Drugs. 2007; 67(15): 2211-2230.
12	Gattermann N. Overview of guidelines on iron chelation therapy in patients with myelodysplastic syndromes and transfusional iron overload. Int J Hematol 2008;88:24-29.

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Jadenu sprinkle	deferasirox granules packet	180 ; 180 MG ; 360 ; 360 MG ; 90 ; 90 MG	M ; N ; O ; Y	O ; Y		
Jadenu	deferasirox tab	180 MG ; 360 MG ; 90 MG	M ; N ; O ; Y	O ; Y		
Exjade	deferasirox tab for oral susp	125 MG ; 250 MG ; 500 MG	M ; N ; O ; Y	O ; Y		
Ferriprox ; Ferriprox twice-a-day	deferiprone (twice daily) tab ; deferiprone tab	1000 MG ; 500 MG	M ; N ; O ; Y	N ; O ; Y		
Ferriprox	deferiprone oral soln	100 MG/ML	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Exjade	Deferasirox Tab For Oral Susp 125 MG	125 MG	30	Tablets	30	DAYS			
Exjade	Deferasirox Tab For Oral Susp 250 MG	250 MG	30	Tablets	30	DAYS			
Exjade	Deferasirox Tab For Oral Susp 500 MG	500 MG	90	Tablets	30	DAYS			
Ferriprox	Deferiprone Oral Soln 100 MG/ML	100 MG/ML	2700	mLs	30	DAYS			
Ferriprox	Deferiprone Tab 1000 MG	1000 MG	270	Tablets	30	DAYS			
Ferriprox	Deferiprone Tab 500 MG	500 MG	540	Tablets	30	DAYS			
Ferriprox twice-a-day	Deferiprone (Twice Daily) Tab 1000 MG	1000 MG	270	Tablets	30	DAYS			
Jadenu	Deferasirox Tab 180 MG	180 MG	30	Tablets	30	DAYS			
Jadenu	Deferasirox Tab 360 MG	360 MG	180	Tablets	30	DAYS			
Jadenu	Deferasirox Tab 90 MG	90 MG	30	Tablets	30	DAYS			
Jadenu sprinkle	Deferasirox Granules Packet 180 MG	180 ; 180 MG	30	Packets	30	DAYS			
Jadenu sprinkle	Deferasirox Granules Packet 360 MG	360 ; 360 MG	180	Packets	30	DAYS			
Jadenu sprinkle	Deferasirox Granules Packet 90 MG	90 ; 90 MG	30	Packets	30	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Exjade	deferasirox tab for oral susp	125 MG ; 250 MG ; 500 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Marketplace/BasicRx ; KeyRx
Ferriprox	deferiprone oral soln	100 MG/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ferriprox ; Ferriprox twice-a-day	deferiprone (twice daily) tab ; deferiprone tab	1000 MG ; 500 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Jadenu	deferasirox tab	180 MG ; 360 MG ; 90 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Jadenu sprinkle	deferasirox granules packet	180 ; 180 MG ; 360 ; 360 MG ; 90 ; 90 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Exjade	Deferasirox Tab For Oral Susp 125 MG	125 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Exjade	Deferasirox Tab For Oral Susp 250 MG	250 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Exjade	Deferasirox Tab For Oral Susp 500 MG	500 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ferriprox	Deferiprone Oral Soln 100 MG/ML	100 MG/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ferriprox	Deferiprone Tab 1000 MG	1000 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ferriprox	Deferiprone Tab 500 MG	500 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ferriprox twice-a-day	Deferiprone (Twice Daily) Tab 1000 MG	1000 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Jadenu	Deferasirox Tab 180 MG	180 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Jadenu	Deferasirox Tab 360 MG	360 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Jadenu	Deferasirox Tab 90 MG	90 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Jadenu sprinkle	Deferasirox Granules Packet 180 MG	180 ; 180 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Jadenu sprinkle	Deferasirox Granules Packet 360 MG	360 ; 360 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Jadenu sprinkle	Deferasirox Granules Packet 90 MG	90 ; 90 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
Exjade, Jadenu	**PRIOR AUTHORIZATION CRITERIA FOR APPROVAL** **Initial Evaluation** **Exjade (deferasirox) or Jadenu (deferasirox)** will be approved when ALL of the following are met: 1. The patient has an FDA labeled indication or compendia supported indication for the requested agent and route of administration AND ONE the following: A. The patient has a diagnosis of chronic iron overload due to blood transfusions (transfusional hemosiderosis) AND BOTH of the following: 1. The patient's baseline (pretreatment) serum ferritin is greater than 1,000 mcg/L **AND** 2. If the patient has been treated with a deferasirox agent within the past 90 days, the patient's current (within the last 30 days) serum ferritin is greater than 500 mcg/L **OR** B. The patient has a diagnosis of chronic iron overload due to a non-transfusion dependent thalassemia syndrome AND BOTH of the following: 1. ONE of the following: A. The patient's baseline (pretreatment) liver iron (FE) concentration (LIC) is at least 5 mg FE/g of dry weight **OR** B. The patient's serum ferritin is greater than 300 mcg/L **OR** C. MRI confirmation of iron deposition **AND** 2. If the patient has been treated with a deferasirox agent within the past 90 days, the LIC is greater than 3 mg FE/g of dry weight **OR**

Module	Clinical Criteria for Approval

C. The patient has a diagnosis other than chronic iron overload **AND**

2. If the patient has an FDA approved indication, ONE of the following:
   A. The patient's age is within FDA labeling for the requested indication for the requested agent **OR**
   B. The prescriber has provided information in support of using the requested agent for the patient's age for the requested indication **AND**
3. If the request is for one of the following brand agents with an available generic equivalent (listed below), then ONE of the following:
   A. The patient is currently being treated with the requested agent as indicated by ALL of the following:
      1. A statement by the prescriber that the patient is currently taking the requested agent **AND**
      2. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND**
      3. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR**
   B. The patient's medication history includes the required generic equivalent as indicated by:
      1. Evidence of a paid claim(s) **OR**
      2. The prescriber has stated that the patient has tried the generic equivalent AND the generic equivalent was discontinued due to lack of effectiveness or an adverse event **OR**
   C. The patient has an intolerance or hypersensitivity to the generic equivalent that is not expected to occur with the brand agent **OR**
   D. The patient has an FDA labeled contraindication to the generic equivalent that is not expected to occur with the brand agent **OR**
   E. The prescriber has provided information to support the use of the requested brand agent over the generic equivalent **OR**
   F. The prescriber has provided documentation that the generic equivalent cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm **AND**

Brand	Generic Equivalent
Exjade (deferasirox) Jadenu (deferasirox)	Generic deferasirox

4. The patient does NOT have severe hepatic impairment (Child-Pugh-Turcotte C) **AND**
5. The prescriber is a specialist in the area of the patient's diagnosis (e.g., hematologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND**
6. The patient will NOT be using the requested agent in combination with another iron chelating agent targeted in this program **AND**
7. The patient does NOT have any FDA labeled contraindications to the requested agent

Compendia Allowed: AHFS, or DrugDex 1 or 2a level of evidence

Length of Approval: 12 months

NOTE: If Quantity Limit applies, please see Quantity Limit Criteria

Renewal Evaluation

Module	Clinical Criteria for Approval
	Exjade (deferasirox) or Jadenu (deferasirox) will be approved when ALL of the following are met: 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process **AND** 2. The patient has an FDA labeled indication or compendia supported indication for the requested agent and route of administration AND ONE of the following: A. The patient has a diagnosis of chronic iron overload due to blood transfusions, AND BOTH of the following: 1. The patient has had a decrease in serum ferritin from baseline (pretreatment) **AND** 2. The patient's current serum ferritin is greater than 500 mcg/L **OR** B. The patient has a diagnosis of non-transfusional chronic iron overload due to thalassemia syndromes AND the patient's current serum ferritin is greater than 300 mcg/L **OR** C. The patient has a diagnosis other than chronic iron overload and has had clinical benefit with the requested agent **AND** 3. The patient does NOT have severe hepatic impairment (Child-Pugh-Turcotte C) **AND** 4. The prescriber is a specialist in the area of the patient's diagnosis (e.g., hematologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 5. The patient will NOT be using the requested agent in combination with another iron chelating agent targeted in this program **AND** 6. The patient does NOT have any FDA labeled contraindications to the requested agent **Compendia Allowed:** AHFS, or DrugDex 1 or 2a level of evidence **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please see Quantity Limit Criteria
Ferriprox	**Iron Chelation PAQL** **Initial Evaluation** **Ferriprox** (deferiprone) will be approved when ALL of the following are met: 1. The patient has an FDA labeled indication or compendia supported indication for the requested agent and route of administration AND ONE of the following: A. The patient has a diagnosis of transfusional iron overload with thalassemia syndromes **OR** B. The patient has a diagnosis of transfusional iron overload with sickle cell disease or other anemias AND BOTH of the following: 1. The patient does NOT have myelodysplastic syndrome **AND** 2. The patient does NOT have Diamond Blackfan anemia **OR** C. The patient has a diagnosis other than transfusional iron overload **AND** 2. The patient has an absolute neutrophil count (ANC) greater than or equal to 1.5 X 10^9/L **AND** 3. If the patient has an FDA approved indication, ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent **OR** B. The prescriber has provided information in support of using the requested agent for the patient's age for the requested indication **AND** 4. If the request is for a brand agent, then ONE of the following: A. The patient has tried and had an inadequate response to a generic deferiprone **OR** B. The patient has an intolerance or hypersensitivity to a generic deferiprone that is not expected to occur with the brand agent **OR** C. The patient has an FDA labeled contraindication to a generic deferiprone that is not expected to occur with the brand agent **OR**

Module	Clinical Criteria for Approval
	D. The patient is currently being treated with the requested agent as indicated by ALL of the following: 1. A statement by the prescriber that the patient is currently taking the requested agent **AND** 2. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND** 3. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR** E. The prescriber has provided documentation that generic deferiprone cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm **OR** F. The prescriber has provided information to support the use of the requested brand agent over a generic deferiprone (NOTE: patient compliance will only be accepted after a trial of a generic) **AND** 5. ONE of the following: A. The patient has tried and had an inadequate response to Exjade (deferasirox) or Jadenu (deferasirox) **OR** B. The patient has an intolerance or hypersensitivity to Exjade (deferasirox) or Jadenu (deferasirox) **OR** C. The patient has an FDA labeled contraindication to BOTH Exjade (deferasirox) AND Jadenu (deferasirox) **OR** D. The patient is currently being treated with the requested agent as indicated by ALL of the following: 1. A statement by the prescriber that the patient is currently taking the requested agent **AND** 2. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND** 3. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR** E. The prescriber has provided documentation that BOTH Exjade (deferasirox) AND Jadenu (deferasirox) cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm **AND** 6. The prescriber is a specialist in the area of the patient's diagnosis (e.g., hematologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 7. The patient will NOT be using the requested agent in combination with another iron chelating agent targeted in this program **AND** 8. The patient does NOT have any FDA labeled contraindications to the requested agent **Compendia Allowed:** AHFS, or DrugDex 1 or 2a level of evidence **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please see Quantity Limit Criteria **Renewal Evaluation** **Ferriprox** (deferiprone) will be approved when ALL of the following are met: 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process **AND** 2. The patient has had clinical benefit with the requested agent **AND**

Module	Clinical Criteria for Approval
	3. The patient has an absolute neutrophil count (ANC) greater than or equal to 1.5 X 10^9/L **AND** 4. The prescriber is a specialist in the area of the patient's diagnosis (e.g., hematologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 5. The patient will NOT be using the requested agent in combination with another iron chelating agent targeted in this program **AND** 6. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please see Quantity Limit Criteria

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Quantity Limit for the Target Agent(s) will be approved when ONE of the following are met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. ALL of the following: A. The requested quantity (dose) is greater than the program quantity limit **AND** B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit **OR** 3. ALL of the following: A. The requested quantity (dose) is greater than the program quantity limit **AND** B. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication **AND** C. The prescriber has provided information in support of therapy with a higher dose for the requested indication Length of approval: 12 months