

POLICY NAME	Exjade (deferasirox) and Jadenu (deferasirox)	POLICY #	1273P
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Criteria

Coverage Criteria for Transfusional Iron Overload

- ☐ 1.1 Documented diagnosis of Transfusional Iron Overload as evidenced by serum ferritin (blood iron) level greater than 1,000mcg/L
- ☐ 1.2 Age 2 years or older
- ☐ 1.3 Prescribed by or in consultation with a hematologist (doctor of blood disorders)
- ☐ 1.4 Documentation of auditory (hearing) and ophthalmic (vision) testing prior to starting treatment
- ☐ 1.5 Coverage of brand name Exjade or Jadenu requires documented failure, intolerance, or allergy to generic deferasirox

Coverage Criteria for Non-Transfusion-Dependent Thalassemia Syndrome

- ☐ 2.1 Documented diagnosis of Non-Transfusion-Dependent Thalassemia Syndrome as evidenced by a liver iron concentration of at least 5mg Fe/gm dry weight and serum ferritin greater than 300 mcg/L
- ☐ 2.2 Age 10 years or older
- ☐ 2.3 Prescribed by or in consultation with a hematologist (doctor of blood disorders)
- ☐ 2.4 Documentation of auditory (hearing) and ophthalmic (vision) testing prior to starting treatment
- ☐ 2.5 Coverage of brand name Exjade or Jadenu requires documented failure, intolerance, or allergy to generic deferasirox

Discontinuation or Interruption in Therapy Criteria

- ☐ 3.1 Transfusional Iron Overload: Serum Ferritin (blood iron) levels below 500mcg/L in two consecutive months, warrants discontinuation of therapy
- ☐ 3.2 Non-transfusion Dependent Thalassemia Syndrome: Serum Ferritin levels below 300mcg/L in two consecutive months, warrants discontinuation of therapy

Exclusion Criteria – Any of the following prevents coverage

- ☐ 4.1 CrCl<40 mL/min or SCr >2 times the age appropriate upper limit of normal
- ☐ 4.2 Poor performance status and high-risk myelodysplastic syndromes or advanced malignancies
- ☐ 4.3 Platelet counts <50 x 10⁹/L