

<b>POLICY NAME</b>	Exjade (deferasirox) and Jadenu (deferasirox)	<b>POLICY #</b>	1273P
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## Criteria

### Coverage Criteria for Transfusional Iron Overload

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

### Coverage Criteria for Non-Transfusion-Dependent Thalassemia Syndrome

- ☐ 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
- ☐ Age 10 years or older
- ☐ Prescribed by or in consultation with a hematologist (doctor of blood disorders)
- ☐ Documentation of auditory (hearing) and ophthalmic (vision) testing prior to starting treatment
- ☐ Coverage of brand name Exjade or Jadenu requires documented failure, intolerance, or allergy to generic deferasirox

### Discontinuation or Interruption in Therapy Criteria

- ☐ Transfusional Iron Overload: Serum Ferritin (blood iron) levels below 500mcg/L in two consecutive months, warrants discontinuation of therapy
- ☐ 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

- ☐ CrCl<40 mL/min or SCr >2 times the age appropriate upper limit of normal
- ☐ Poor performance status and high-risk myelodysplastic syndromes or advanced malignancies
- ☐ Platelet counts <50 x 10<sup>9</sup>/L