

POLICY NAME

Exjade (deferasirox) and Jadenu (deferasirox)

POLICY #

1273P

Criteria

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

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