SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: (Select drug below)

❑ **deferasirox** (Exjade®) **tablets for oral suspension**	❑ **deferasirox** (Jadenu®) **tablets**
❑ **deferasirox** (Jadenu® sprinkle) **packet**	

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

Recommended Dosing Limits:

- **deferasirox (Exjade):** Maximum of 40 mg/kg/day.
- **deferasirox (Jadenu):** Maximum of 28 mg/kg/day.

CLINICAL CRITERIA: Check below all that apply. **All criteria must be met for approval**. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied. **Check the diagnosis below that applies.**

❑ **For diagnosis of transfusional iron overload (transfusional hemosiderosis)**

Initial Authorization: 6 months

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- ❑ Member is ≥ 2 years of age and has a diagnosis of transfusional hemosiderosis (i.e., transfusion of ≥ 100 mL/kg of packed red blood cells, approximately 20 units for a 40 kg patient)
- ❑ Member's serum ferritin levels are consistently >1,000 mcg/L **(submit serum ferritin labs done within the last 30 days)**
- ❑ Medication will be dosed according to FDA recommendations for age, weight, eGFR and serum ferritin levels
- ❑ According to the prescriber, member meets **BOTH** of the following:
  - ❑ Member has an eGFR ≥ 40 mL/min/1.73 m^2
  - ❑ Member's baseline liver function labs have been evaluated (i.e., ALT, AST, bilirubin)
- ❑ If requesting brand Jadenu or Exjade, documentation of trial and intolerable life-endangering adverse event with generic deferasirox must be submitted

❑ For diagnosis of non-transfusion-dependent thalassemia syndrome

Initial Authorization: 6 months

- ❑ Member is ≥10 years of age and has a diagnosis of non-transfusion-dependent thalassemia syndrome
- ❑ Liver iron concentration (LIC) is ≥ 5 mg of Fe/g of dry weight **(submit current liver biopsy, MRI or other FDA-approved test to document LIC)**
- ❑ Serum ferritin is > 300 mcg/L **(submit 2 serum ferritin labs, taken at least 1 month apart, from within the last 3 months)**
- ❑ Medication will be dosed according to FDA recommendations for age, weight, eGFR, LIC and serum ferritin levels
- ❑ According to the prescriber, member meets **ALL** the following:
  - ❑ Member has an eGFR ≥ 40 mL/min/1.73 m^2
  - ❑ Member's platelets levels are ≥ 50 x 10^9/L
  - ❑ Member's baseline liver function labs have been evaluated (i.e., ALT, AST, bilirubin)
- ❑ If requesting brand Jadenu or Exjade, documentation of trial and intolerable life-endangering adverse event with generic deferasirox must be submitted

Reauthorization: 12 months. ALL DIAGNOSES. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Serum ferritin has decreased from baseline or last approval **(submit current ferritin labs)**
- ❑ If serum ferritin is < 500 mcg/L or LIC is less than 3 mg Fe/g dw, deferasirox therapy will be temporarily discontinued; if < 300 mcg/L, deferasirox therapy will be interrupted and LIC obtained

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- ❑ According to the prescriber, member meets **ALL** the following:
  - ❑ Member's liver function continues to be monitored (i.e. ALT, AST, bilirubin labs)
  - ❑ Member's platelets levels are ≥ 50 x 10^9/L
  - ❑ For diagnosis of non-transfusion-dependent thalassemia syndrome: Member's liver iron concentration (LIC) continues to be monitored according to guideline recommendations
- ❑ If requesting brand Jadenu or Exjade, documentation of trial and intolerable life-endangering adverse event with generic deferasirox must be submitted

Medication being provided by Specialty Pharmacy – Proprium Rx

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****