

The following policy is for medication that falls under the Medicare Part D benefit only.

**Prior Authorization Group:** EXJADE Policy

**Drug(s):** EXJADE (deferiasirox)

**Covered Uses:** Exjade (deferiasirox) is indicated for the treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis) in patients 2 years of age and older. All criteria in "other criteria" section must be met for coverage.

**Required Medical Information:** Transfusion records, iron studies, chemistries (for kidney function). Urine protein, liver function tests, baseline ear and eye exams should be done prior to start of therapy and monitored at regular intervals, chart notes

**Age Restrictions:** Must be between 2 and 65 years of age.

**Prescriber Restrictions:** Restricted to hematologists

**Other Criteria:**

Exjade may be considered medically necessary if all of the following criteria are met:

- Current urine protein, liver function tests, kidney function tests (chemistries), auditory, and ophthalmic exams have been provided prior to start of therapy (and monitored at regular intervals during Exjade therapy)
- Serum ferritin is consistently greater than 1000mcg/L
- Member is transfusion dependent
- Documentation of failure, contraindication, or significant intolerance to deferoxamine treatment.
- Initial authorization: maximum of 3 months. Extension of authorization: up to a maximum of 6 months based on response and serum ferritin not consistently below 500mcg/L. All available serum ferritin levels must accompany requests for continuation of therapy.

**Exclusion Criteria:**

- Greater than 65 years of age
- Less than 2 years of age
- Doses below 20mg/kg/day (failed to provided consistent lowering of liver iron concentration and serum ferritin levels)
- Elevated serum creatinine above the upper limit of normal [Exjade treated patients experienced dose-dependent increases in serum creatinine at a greater frequency than deferoxamine-treated patients (38% vs 15% respectively) in one study.]
- Combination with other iron chelator therapies
- Starting dose greater than 20mg/kg per day

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- Maintenance dose greater than 30mg/kg per day If the serum ferritin falls consistently below 500 mcg/L, consideration should be given to temporarily interrupting therapy with Exjade.

**Coverage Duration:** Initial authorization: 3 months. Extension: up to a maximum of 6 months based on response