



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

ExJade[®] (Deferasirox)
[Prior Authorization Request Form](#)

Initial authorization for transfusional iron overload is for three (3) months and may be authorized for continuation for up to six (6) months

Initial authorization for non-transfusional iron overload is for six (6) months and may be authorized for continuation for another six (6) months

CRITERIA:

Transfusional Iron Overload

Initiation of Therapy

1. Patient must be two (2) years of age or older on the date of request for ExJade; **AND**
2. Documentation of iron overload related to anemia found in patient's medical conditions, progress notes, and/or discharge notes; **AND**
3. Documentation in medical records of a recent history of frequent blood transfusions that has resulted in chronic iron overload; **AND**
4. Serum ferritin must be consistently greater than 1000mcg/L. (Lab results submitted should be dated within the past month.); **AND**
5. Starting dose must not exceed 20mg/kg/day. Calculate dose to the nearest whole tablet (125mg, 250mg, or 500mg) for the oral suspension.

Continuation of therapy

1. Serum ferritin must have been measured within thirty (30) days of continuation of therapy request (copy lab results must be submitted); **AND**
2. Ferritin levels must be greater than 500mcg/L; **AND**
3. Dose must not exceed 40mg/kg/day. Calculate dose to the nearest whole tablet (125mg, 250mg, or 500mg) for the oral suspension.

Non-Transfusional Iron Overload

Initiation of therapy

1. Patient must be ten (10) years of age or older on the date of request for ExJade; **AND**
2. Documentation of iron overload related to anemia found in patient's medical conditions, progress notes, and/or discharge notes; **AND**
3. Serum ferritin and liver iron concentration (LIC) must have been measured within thirty (30) days of initiation (copy of lab results must be submitted) ; **AND**
4. Serum ferritin levels must be greater than 300mcg/L; **AND**
5. Liver iron concentration (LIC) must be greater than 5mg Fe/g dried weight (dw); **AND**



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



6. Dose must not exceed: 10mg/kg/day (if LIC is less than 15mg Fe/g dw), or 20mg/kg/day (if LIC is greater than 15mg Fe/g dw)

Continuation of therapy

1. Serum ferritin and liver iron concentration (LIC) must have been measured within thirty (30) days of continuation of therapy request (copy lab results must be submitted); **AND**
2. Serum ferritin levels must be greater than 300mcg/L; **AND**
3. Liver iron concentration (LIC) must be greater than 3mg Fe/g dw; **AND**
4. Dose must not exceed: 10mg/kg/day (if LIC is between 3 and 7mg FE/g dw) or 20mg/kg/day (if LIC is greater than 7mg FE/g dw).

References:

ExJade[®] (package insert). Novartis Pharmaceuticals Corporation; East Hanover, New Jersey October 2013

**Reviewed and Approved
Drug Utilization Review Board
May 21, 2014**