

<b>Policy Name:</b>	<b>Exjade (deferasirox) and Jadenu (deferasirox)</b>	<b>Policy #:</b>	<b>1273P</b>
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### Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of deferasirox, Exjade, and Jadenu.

### Statement of the Policy

Health Alliance Pharmacy Department and Health Alliance Northwest will approve the use of deferasirox, Exjade, or Jadenu under the specialty pharmacy benefit when the following criteria have been met.

### Criteria

#### 1. 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

#### 2. 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

#### 3. 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

#### 4. Exclusion Criteria

- 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 10<sup>9</sup>/L

#### 5. Approval Period

- 5.1 Initial: 12 months
- 5.2 Reauthorization: 12 months only if ongoing need for therapy has been established

### CPT Codes

## HCPCS Codes

## References

1. Exjade (deferasirox) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; January 2023.
2. Jadenu (deferasirox) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; February 2022.
3. Brittenham GM. Iron-chelating therapy for transfusional iron overload. *N Engl J Med.* 2011;364(2):146– 156.
4. Porter JB and Shah FT. Iron overload in thalassemia and related conditions: therapeutic goals and assessment of response to chelation therapies. *Hematol Oncol Clin North Am.* 2010;24(6):1109-1130.
5. Taher AT, Porter J, Viprakasit V, et al. Deferasirox Reduces Iron Overload Significantly in Nontransfusion-Dependent Thalassemia: 1-Year Results From a Prospective, Randomized, Double-Blind, Placebo-Controlled Study. *Blood*, 2012, 120(5):970-7

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### DISCLAIMER

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