

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Exjade (deferasirox)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Exjade (deferasirox)

### APPROVAL CRITERIA

Requests for Exjade (deferasirox) may be approved for the following criteria:

- I. Treatment of chronic iron overload due to blood transfusions; **AND**  
 A. Individual is 2 years of age or older;

**OR**

- II. Treatment of chronic iron overload with non-transfusion-dependent thalassemia (NTDT) syndrome; **AND**  
 A. Individual is 10 years of age or older; **AND**  
 B. Liver iron (Fe) concentration (LIC) is at least 5 mg Fe/gm of dry weight; **AND**  
 C. Serum Ferritin greater than (>) 300 mcg/L;

**OR**

- III. Treatment of iron overload in individuals diagnosed with myelodysplastic syndromes (MDS) who are at lower risk or potential transplant candidates who have received greater than (>) 20 red blood cell transfusions (NCCN 2A, Myelodysplastic syndromes Version 1.2019).

Requests for Exjade (deferasirox) may **not** be approved for any of the following:

- I. Individual has renal insufficiency, as defined by creatinine clearance less than (<) 40 mL/min; **OR**  
 II. Individual has severe (Child Pugh class C) hepatic impairment.

**Note:** Exjade (deferasirox) has black box warnings for renal toxicity/failure, hepatic toxicity/failure, and gastrointestinal hemorrhage. The use of deferasirox is contraindicated in adults and pediatric individuals with a CrCl < 40 mL/min. Deferasirox should be avoided in individuals with severe (Child Pugh class C) hepatic impairment and dose adjusted in individuals with moderate (Child Pugh class B) hepatic impairment. Therapy requires close monitoring, including renal and hepatic function tests.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 18, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology. Myelodysplastic Syndromes. Version 1.2019. Updated July 16, 2018. Available from: [https://www.nccn.org/professionals/physician\\_gls/pdf/mds.pdf](https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf). Accessed: September 18, 2018.

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