

# AvMed

## 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 1-305-671-0200.** 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)

<input type="checkbox"/> <b>deferasirox (Exjade®) tablets for oral suspension</b>	<input type="checkbox"/> <b>deferasirox (Jadenu®) tablets</b>
<input type="checkbox"/> <b>deferasirox (Jadenu® sprinkle) packet</b>	

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

Member Name: \_\_\_\_\_

Member AvMed #: \_\_\_\_\_ 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 Name/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  $\geq 2$  years of age and has a diagnosis of transfusional hemosiderosis (i.e., transfusion of  $\geq 100$  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  $\geq 40$  mL/min/1.73 m<sup>2</sup>
  - 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  $\geq 10$  years of age and has a diagnosis of non-transfusion-dependent thalassemia syndrome
- Liver iron concentration (LIC) is  $\geq 5$  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  $\geq 40$  mL/min/1.73 m<sup>2</sup>
  - Member's platelets levels are  $\geq 50 \times 10^9$ /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  $\geq 50 \times 10^9/L$
  - ❑ 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 deferaxirox 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.\****