

Pre - PA Allowance

None

Prior-Approval Requirements

Age 8 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Iron overload due to blood transfusions associated with thalassemia syndromes
2. Iron overload due to blood transfusions associated with sickle cell disease or other anemias

AND ALL of the following:

- a. Initial ANC $\geq 1.5 \times 10^9/L$ and physician agrees to monitor ANC level weekly while on therapy and to interrupt therapy if neutropenia or signs of infection develop
- b. Physician agrees to measure initial serum ferritin level, to monitor levels every 2-3 months while on therapy, and to consider interrupting treatment if serum ferritin falls consistently below 500 mcg/L
- c. **NO** concurrent therapy with another iron chelating agent (see Appendix 1)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 8 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Iron overload due to blood transfusions associated with thalassemia syndromes
2. Iron overload due to blood transfusions associated with sickle cell disease or other anemias

AND ALL of the following:

- a. Documented response to treatment as shown by a decrease in the serum ferritin level
- b. Physician agrees to continue to monitor ANC and serum ferritin level and consider interrupting treatment if serum ferritin falls consistently below 500 mcg/L
- c. **NO** concurrent therapy with another iron chelating agent (see Appendix 1)

Prior – Approval *Renewal* Limits

Same as above

Appendix 1 - List of Iron Chelating Agents

Generic Name	Brand Name
deferasirox	Exjade
deferasirox	Jadenu
deferiprone	Ferriprox