

Applicable Drugs: Exjade (deferasirox),
Ferriprox (deferiprone), Jadenu (deferasirox)

Preferred: Deferasirox tablets (generic),
Deferasirox tablets for oral suspension (generic)

Non-preferred: Deferiprone (generic),
Deferasirox granules (generic), Exjade,
Ferriprox, Ferriprox Oral Solution, Ferriprox
Twice-A-Day, Jadenu, Jadenu sprinkles

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 2/7/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:
 - A. Chronic iron overload due to blood transfusions due to and criteria 1 through 5 are met:
 1. Prescription is for deferasirox or deferiprone
 2. Documentation of thalassemia syndromes, sickle cell diseases or other anemias
 3. Documentation that serum ferritin levels are consistently greater than 1,000 mcg/L
 4. Documentation that the patient is receiving blood transfusions for chronic condition
 5. Minimum age requirement:
 - a) Exjade, Jadenu, Jadenu sprinkle, and generic deferasirox: 2 years old.
 - b) Ferriprox tablets, generic deferiprone tablets: 8 years old.
 - c) Ferriprox oral solution: 3 years old.
 - B. Chronic iron overload with non-transfusion-dependent thalassemia (NTDT) syndromes and criteria 1 through 3 are met:
 1. Prescription is for deferasirox
 2. Documentation that liver iron (Fe) concentration (LIC) level $\geq$ 5 mg/g of dry weight.
 3. Documentation that serum ferritin levels are consistently greater than 300 mcg/L.
 - a) Minimum age requirement of 10 years old.
- II. Treatment must be prescribed by or in consultation with a Hematologist or Oncologist.
- III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

IV. Refer to plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Deferasirox:
 - eGFR <40 mL/min/1.73 m²
 - Patients with poor performance status
 - Patients with high-risk myelodysplastic syndromes (MDS)
 - Patients with advanced malignancies
 - Patients with platelet counts < 50 x 10⁹/L
 - Absolute neutrophil count (ANC) < 1.5 x 10⁹/L
 - Severe hepatic impairment (Child Pugh C)
 - Avoid with other iron chelation therapies
- Deferiprone:
 - Absolute neutrophil count (ANC) <500 /mm³
 - Myelodysplastic syndrome or Diamond Blackfan anemia

OTHER CRITERIA

- NA

QUANTITY / DAYS SUPPLY RESTRICTIONS

- The quantity is limited to a maximum of a 30-day supply per fill.

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity showing improvement on medication (must include documentation of decreased serum ferritin levels compared with the baseline level), including the following:
 - Serum ferritin levels have improved in those with a diagnosis of chronic iron overload due to blood transfusions
 - Serum ferritin levels > 300mcg/L or LIC ≥ 3 mg Fe/g for a diagnosis of Chronic iron overload with non-transfusion-dependent thalassemia (NTDT) syndromes.

APPENDIX

N/A

REFERENCES

1. Thalassaemia International Federation. Thalassaemia International Federation (TIF): Guidelines for the management of non-transfusion dependent β -thalassaemias (NTDT), 3rd edition. Available at: <https://thalassaemia.org.cy/publications/tif-publications/guidelines-for-the-management-of-non-transfusion-dependent-%ce%b2-thalassaemia-3rd-edition-2023/>
2. Remacha, A., et. al., Guidelines on haemovigilance of post-transfusional iron overload. Blood Transfus. 2013 Jan; 11(1): 128–139. doi: 10.2450/2012.0114-11.
3. Exjade. Prescribing Information. Novartis; July 2020. Available at: <https://www.novartis.us/sites/www.novartis.us/files/exjade.pdf>. Accessed February 7, 2026.
4. Jadenu. Prescribing Information. Novartis; July 2020. Available at: <https://www.novartis.us/sites/www.novartis.us/files/jadenu.pdf>. Accessed February 7, 2026.
5. Ferriprox Tablets. Prescribing Information. Chiesi USA; March 2025. Available at: https://resources.chiesiusa.com/Ferriprox/FERRIPROX_PI_US.pdf. Accessed February 7, 2026.
6. Ferriprox Oral Solution. Prescribing Information. Chiesi USA; May 2025. Available at: https://resources.chiesiusa.com/Ferriprox/FERRIPROX_OS_PI_MG_IFU_US.pdf. Accessed February 7, 2026.
7. Saliba AN, Musallam KM, Taher AT. How I treat non-transfusion-dependent β -thalassemia. Blood. 2023 Sep 14;142(11):949-960.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.