

Sterling Retiree Rx Prior Authorization Form

EXJADE(Deferasirox)

Prescriber must be Hematologist

Coverage Criteria / Required Medical Information

The patient must meet all of the following criteria: diagnosis of transfusion-dependent anemia; patient has chronic iron overload due to blood transfusions; pretreatment serum ferritin level within the last 60 days of at least 1,000 mcg/L; **and** patient will have baseline and monthly monitoring of serum creatinine, creatinine clearance, serum transaminases and bilirubin.

◆ For reauthorization, if serum ferritin threshold is < 500 mcg/L, prescriber should consider interrupting the dose of Exjade.

Coverage Duration:

3 months

Exclusion Criteria:

Creatinine clearance < 40 mL/min or serum creatinine more than 2 times the age appropriate upper limit of normal; platelet count < 50 x 10(9)/L: patients with high-risk MDS with poor performance status or an advanced malignancy; concurrent use of deferoxamine or iron-containing products.

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physician Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			

Requested Drug

EXJADE	Reason for Request			
Condition/Diagnosis Related				

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage		
Formulary Alternative(s) Attempted?	Yes:		No:
Please List Alternative Formulary Drugs			

Comments

Physician Signature: _____

Fax Form to 1-866-481-3704