

Exjade® Preferred Over Jadenu® & Ferriprox®

January 30, 2017

Dear SoonerCare Provider,

The purpose of this communication is to provide information regarding criteria recently established for the reimbursement of Jadenu® (deferasirox) and Ferriprox® (deferiprone). You are receiving this communication because you recently prescribed or dispensed Jadenu® (deferasirox) or Ferriprox® (deferiprone) for SoonerCare member(s). **Effective 02/20/2017, Jadenu® (deferasirox) tablets and Ferriprox® (deferiprone) tablets and oral solution will require a prior authorization. Exjade® (deferasirox) will be preferred and will not require prior authorization.** The authorization criteria for reimbursement is as follows:

Jadenu® (Deferasirox) and Ferriprox® (Deferiprone) Approval Criteria:

1. An FDA approved diagnosis; and
2. A patient-specific, clinically significant reason other than convenience why member cannot use Exjade® (deferasirox) must be provided; and
3. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug required according to package labeling.

The following medication does not require prior authorization but may be subject to appropriate quantity limits: Exjade® (deferasirox) tablets for oral suspension.

Members currently utilizing Jadenu® (deferasirox) or Ferriprox® (deferiprone) will not be "grandfathered" and all members receiving these medications will require that a manual prior authorization be submitted by their prescriber if Exjade® (desferasirox) is not appropriate for the member. If a member requires Jadenu® (deferasirox) or Ferriprox® (deferiprone), prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services, including patient-specific, clinically significant supporting information for use of the requested medication in place of Exjade® (deferasirox).

Updated versions of prior authorization criteria for iron chelating medications can be downloaded from www.okhca.org/rx-pa.

Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!