



**GEORGIA MEDICAID FEE-FOR-SERVICE  
CHELATING AGENTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
<u>Deferoxamine</u> injection generic Exjade tablets for oral suspension (deferasirox)	Ferriprox oral solution and tablets (deferiprone) Jadenu tablets (deferasirox)

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

*Ferriprox*

- ❖ Approvable for members with transfusional iron overload due to thalassemia syndromes who have a serum ferritin level >1,000 mcg/L and absolute neutrophil count (ANC)  $\geq 1.5 \times 10^9/L$ , AND have tried and failed another chelating agent
- ❖ Faxed documentation of the member’s serum ferritin level and absolute neutrophil count will be required prior to approval and for renewal requests.

*Jadenu*

- ❖ Approvable for members 8 to 17 years of age with chronic iron overload (toxicity) due to blood transfusions (transfusional iron overload) who have required a transfusion of at least 100 mL/kg packed red blood cells, have a serum ferritin level >1,000 mcg/L AND have tried and failed therapy with Exjade.
- ❖ Approvable for members 8 to 17 years of age with chronic iron overload (toxicity) due to non-transfusion-dependent thalassemia (non-transfusional iron overload) who have a liver iron (Fe) concentration (LIC) >5 mg iron per gram of dry weight (Fe/g dw), have a serum ferritin level >300 mcg/L AND have tried and failed therapy with Exjade.
- ❖ Faxed documentation of the member’s serum ferritin level, and LIC level for members with non-transfusional iron overload, will be required prior to approval and for renewal requests. The member’s renal function and hepatic function must also be routinely monitored.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



**PA AND APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.