

PREFERRED SPECIALTY MANAGEMENT POLICY

- POLICY:** Chelating Agents – Iron Chelators (Oral) Preferred Specialty Management Policy
- Exjade® (deferasirox tablets for suspension – Novartis, generic)
 - Ferriprox® (deferiprone tablets and oral solution – Chiesi, generic [tablets only])
 - Jadenu® (deferasirox tablets – Novartis, generic)
 - Jadenu® Sprinkle (deferasirox granules for oral use – Novartis, generic)

REVIEW DATE: 01/18/2023

OVERVIEW

Oral iron chelator products are indicated for the **treatment of iron overload** for specific conditions.¹⁻⁴ Exjade and Jadenu have the same chemical entity (deferasirox) in different formulations.¹⁻²

Deferasirox products are indicated for the following uses:^{1,2}

- Chronic iron overload due to blood transfusions (transfusional hemosiderosis), in patients ≥ 2 years of age.
- Chronic iron overload with non-transfusion-dependent thalassemia syndromes, in patients ≥ 10 years of age.

Deferiprone tablets are indicated for the following uses:³

- **Transfusional iron overload with thalassemia syndromes**, in patients ≥ 8 years of age.
- **Transfusional iron overload with sickle cell disease or other anemias**, in patients ≥ 8 years of age.

Ferriprox solution is indicated for the following uses:⁴

- **Transfusional iron overload with thalassemia syndromes**, in patients ≥ 3 years of age.
- **Transfusional iron overload with sickle cell disease or other anemias**, in patients ≥ 3 years of age.

Table 1. Availability of Oral Iron Chelating Agents.¹⁻⁴

Exjade® (deferasirox tablets for suspension)	Ferriprox® (deferiprone tablets and oral solution)		Jadenu®/Sprinkle (deferasirox granules and tablets)	
<ul style="list-style-type: none">• 125 mg• 250 mg• 500 mg	<u>Tablets</u> <ul style="list-style-type: none">• 500 mg• 1000 mg	<u>Solution</u> 100 mg/mL	<u>Granules</u> <ul style="list-style-type: none">• 90 mg• 180 mg• 360 mg	<u>Tablets</u> <ul style="list-style-type: none">• 90 mg• 180 mg• 360 mg

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of Preferred Products. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for the duration noted below.

Automation: None.

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Preferred Products: Generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, generic deferiprone tablets

Non-Preferred Products: Exjade, Ferriprox (tablets and oral solution), Jadenu, Jadenu Sprinkle

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Exjade	<ol style="list-style-type: none"> 1. Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> A) Patient meets the standard <i>Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy</i> criteria; AND B) Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets.
Ferriprox tablets	<ol style="list-style-type: none"> 1. Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> A) Patient meets the standard <i>Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy</i> criteria; AND B) Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets.
Ferriprox solution	<ol style="list-style-type: none"> 1. Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> A) Patient meets the standard <i>Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy</i> criteria; AND B) Patient meets ONE of the following (i, ii, <u>or</u> iii): <ol style="list-style-type: none"> i. Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets; OR ii. The dose prescribed cannot be attained with deferiprone tablets; OR iii. Patient cannot swallow or has difficulty swallowing deferiprone tablets.
Jadenu	<ol style="list-style-type: none"> 1. Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> A) Patient meets the standard <i>Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy</i> criteria; AND B) Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets.
Jadenu Sprinkle	<ol style="list-style-type: none"> 1. Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> A) Patient meets the standard <i>Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy</i> criteria; AND B) Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets.

REFERENCES

1. Exjade® tablets for suspension [prescribing information]. East Hanover, NJ: Novartis; July 2022.
2. Jadenu® tablets and Jadenu® Sprinkle for oral use [prescribing information]. East Hanover, NJ: Novartis; February 2022.
3. Ferriprox® tablets [prescribing information]. Rockville, MD: Chiesi; November 2021.
4. Ferriprox® oral solution [prescribing information]. Rockville, MD: Chiesi; November 2021.