PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Chelating Agents – Iron Chelators (Oral) Preferred Specialty Management Policy

- Exjade® (deferasirox tablets for suspension Novartis, generic)
- Ferriprox[®] (deferiprone tablets <u>and</u> oral solution Chiesi, generic [tablets only])
- Jadenu® (deferasirox tablets Novartis, generic)
- Jadenu[®] Sprinkle (deferasirox granules for oral use Novartis, generic)

REVIEW DATE: 01/31/2024

OVERVIEW

Oral iron chelators 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 (Exjade, Jadenu/Sprinkle; generics) 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 with a liver iron concentration of at least 5 mg of iron per gram of liver dry weight and a serum ferritin > 300 mcg/L.

<u>Limitations of Use</u>: The safety and efficacy of deferasirox products when administered with other iron chelation therapy have not been established.^{1,2}

Deferiprone tablets (Ferriprox tablets, generic) 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 oral 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.

Limitations of Use: Safety and effectiveness of deferiprone products have not been established for the treatment of transfusional iron overload in patients with myelodysplastic syndrome or in patients with Diamond Blackfan anemia.^{3,4}

Table 1. Availability of Oral Iron Chelators. 1-4

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 <u>one</u> 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.

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Automation: None.

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

REFERENCES

- 1. Exjade® tablets for suspension [prescribing information]. East Hanover, NJ: Novartis; August 2023.
- 2. Jadenu[®] tablets and Jadenu[®] Sprinkle for oral use [prescribing information]. East Hanover, NJ: Novartis; March 2023.
- 3. Ferriprox[®] tablets [prescribing information]. Rockville, MD: Chiesi; July 2023.
- 4. Ferriprox® oral solution [prescribing information]. Rockville, MD: Chiesi; November 2021.