

**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](http://www.okhca.org/rx-pa).

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

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