

Clinical Policy Title:	deferasirox
Policy Number:	RxA.177
Drug(s) Applied:	Exjade®, Jadenu®
Original Policy Date:	03/06/2020
Last Review Date:	06/10/2021
Line of Business Policy Applies to:	All lines of business

Background

Deferasirox (Exjade®, Jadenu®) is an iron chelator. Exjade® and Jadenu® are indicated for:

- Treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis) in patients 2 years of age and older
- Treatment of chronic iron overload in patients 10 years of age and older with non-transfusion-dependent thalassemia (NTDT) syndromes and with a liver iron concentration (LIC) of at least 5 milligrams of iron per gram of liver dry weight (mg Fe/g dw) and a serum ferritin greater than 300 mcg/L.

Limitation(s) of use:

- The safety and efficacy of Exjade®/Jadenu® when administered with other iron chelation therapy have not been established.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
deferasirox (Exjade®)	Transfusional iron overload	20 mg/kg body weight once daily (calculate dose to the nearest whole tablet)	40 mg/kg/day
	NTDT syndromes	10 mg/kg body weight once daily (calculate dose to the nearest whole tablet)	20 mg/kg/day
deferasirox (Jadenu®)	Transfusional iron overload	14 mg/kg body weight (calculated to nearest whole tablet/sachet) once daily	28 mg/kg/day
	NTDT syndromes	7 mg/kg body weight (calculated to nearest whole tablet/sachet) once daily	14 mg/kg/day

Dosage Forms

- deferasirox (Exjade®): Tablets for oral suspension: 125 mg, 250 mg, 500 mg
- deferasirox (Jadenu®): Tablets and granules: 90 mg, 180 mg, 360 mg

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the provisions of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Chronic Iron Overload due to Blood Transfusions (must meet all):

1. Diagnosis of chronic iron overload due to blood transfusions;
2. Age \geq 2 years;
3. Transfusion history of \geq 100 mL/kg of packed red blood cells [eg, \geq 20 units for a 40 kg individual] and a serum ferritin level $>$ 1,000 mcg/L;
4. Therapy does not include concurrent use of other iron chelators;
5. Dose does not exceed the following (a or b):
 - a. Exjade®: 40 mg/kg/day;
 - b. Jadenu®: 28 mg/kg/day

Approval Duration

Commercial: 6 months

Medicaid: 6 months

B. Chronic Iron Overload due to Non-Transfusion Dependent Thalassemia Syndromes (must meet all):

1. Diagnosis of chronic iron overload due to NTDT;
2. Age \geq 10 years;
3. Documentation of serum ferritin level $>$ 300 mcg/L and a LIC \geq 5 mg Fe/g dw;
4. Therapy does not include concurrent use of other iron chelators;
5. Member does not have severe (Child-Pugh C) hepatic impairment;
6. Dose does not exceed the following (a or b):
 - a. Exjade®: 20 mg/kg/day;
 - b. Jadenu®: 14 mg/kg/day.

Approval Duration

Commercial: 6 months

Medicaid: 6 months

II. Continued Therapy Approval

A. Chronic Iron Overload due to Blood Transfusions (must meet all):

1. Member is currently receiving the medication that has been authorized by RxAdvance or member has previously met initial approval criteria;
2. Current documentation (within the past 30 days) shows a serum ferritin level \geq 500 mcg/L;
3. Therapy does not include concurrent use of other iron chelators.
4. If request is for a dose increase, new dose does not exceed the following (a or b):
 - a. Exjade®: 40 mg/kg/day;
 - b. Jadenu®: 28 mg/kg/day

Approval Duration

Commercial: 12 months

Medicaid: 12 months

B. Chronic Iron Overload due to Non Transfusion-Dependent Thalassemia Syndromes (must meet all):

1. Member is currently receiving the medication that has been authorized by RxAdvance or member has previously met initial approval criteria;
2. Current documentation (serum ferritin within past 30 days; LIC within past 90 days) shows one of the following:
 - a. If member has received < 6 months of Exjade®/Jadenu®, a serum ferritin level \geq 300 mcg/L or an LIC \geq 3 mg Fe/g dw;
 - b. If member has received \geq 6 months of Exjade®/Jadenu®, an LIC is \geq 3 mg Fe/g dw;
3. Therapy does not include concurrent use of other iron chelators;
4. If request is for a dose increase, new dose does not exceed the following (a or b):
 - a. Exjade®: 20 mg/kg/day;
 - b. Jadenu®: 14 mg/kg/day.

Approval Duration

Commercial: 12 months

Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

Fe/g dw: Iron in Milligrams per Gram Dry weight

LIC: Liver Iron Concentration

NTDT: Non-Transfusion-Dependent Thalassemia

APPENDIX B: Therapeutic Alternatives

Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
 - Estimated GFR < 40 mL/min/1.73 m²
 - Poor performance status
 - High-risk myelodysplastic syndromes
 - Advanced malignancies
 - Platelet count < 50 x 10⁹/L
 - Known hypersensitivity to deferasirox or any component of Exjade®/Jadenu®
- Boxed Warning(s):
 - Renal toxicity, including failure
 - Hepatic toxicity, including failure
 - Gastrointestinal hemorrhage

APPENDIX D: General Information

- For conversion from Exjade® to Jadenu® the dose for Jadenu® should be ~30% lower.
- Significant drug interactions exist, requiring dose/frequency adjustment or avoidance for Dosage adjustment for concomitant therapy.
- Exjade®/Jadenu® therapy requires close patient monitoring, including laboratory tests of renal and hepatic function

References

1. Exjade® Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2020. Available at <http://www.us.exjade.com/>. Accessed February 23, 2021.
2. Jadenu® Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2020. Available at <https://www.jadenu.com/>. Accessed February 26, 2021.
3. Oken M, Creech RH, Tormey DC, et al. Toxicity and response criteria of the Eastern Cooperative Oncology Group. Am J Clin Oncol. 1982; 5(6):649 - 655. Accessed February 26, 2021.
4. Musallam KM, Angastiniotis M, Eleftheriou A, Porter JB. Cross-talk between available guidelines for the management of patients with beta-thalassemia major. Acta Haematol. 2013; 130(2): 64-73. Accessed February 26, 2021.
5. Hoffbrand AV, Taher A, Cappellini MD. How I treat transfusional iron overload. Blood. November 1, 2012; 120(18): 3657-3669. Accessed February 26, 2021
6. Taher AT, Viprakasit V, Musallam KM, Cappellini MD. Treating iron overload in patients with non-transfusion-dependent thalassemia. Am J Hematol. 2013; 88(5): 409-415. Accessed February 26, 2021.
7. Deferasirox, Lexi-Drug. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed with subscription at: <http://online.lexi.com>. Accessed February 26, 2021.
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Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	02/2020	03/06/2020
Policy was reviewed: <ol style="list-style-type: none"> 1. Policy title table was updated; 2. Background was updated: Removed “Controlled clinical trials of Jadenu® in patients with myelodysplastic syndromes (MDS) and chronic iron overload due to blood transfusion have not been performed” from Limitation(s) of use; 3. Dosing information was updated: verbiage in dosing regimen; 4. Clinical policy was updated: removed preference for Jadenu®, updated verbiage to “Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy”, updated approval duration verbiage; 5. Appendix C: Contraindication /Boxed Warnings was 	07/04/2020	09/14/2020

<p>updated: updated SCr to GFR limitations, added known hypersensitivity;</p> <ol style="list-style-type: none"> 6. Appendix D: General Information was added; 7. References were updated 		
<p>Policy was reviewed:</p> <ol style="list-style-type: none"> 1. Continued therapy criteria II.A.1 was rephrased to “Member is currently receiving medication that has been authorized by RxAdvance..” 2. References were reviewed and updated 	<p>02/26/2021</p>	<p>06/10/2021</p>