

# **CARE VALUE POLICY**

**POLICY:** Chelating Agents – Iron Chelators (Oral) Care Value Policy

- Exjade® (deferasirox tablets for suspension Novartis, generic)
- Ferriprox<sup>®</sup> (deferiprone tablets and oral solution ApoPharma USA, generic [500 mg tablets only])
- Jadenu® (deferasirox tablets Novartis, generic)
- Jadenu® Sprinkle (deferasirox granules for oral use Novartis, generic)

**REVIEW DATE:** 02/24/2021

#### **OVERVIEW**

Exjade, Jadenu (granules and tablets), and Ferriprox (tablets and oral solution) are orally administered iron chelators used for the treatment of **iron overload**.<sup>1-4</sup> Exjade and Jadenu have the same chemical entity (deferasirox) in different formulations.<sup>1-2</sup>

The specific indication for treatment of iron overload differs among the products. Exjade and Jadenu (granules and tablets) are indicated for the following uses:<sup>1,2</sup>

- 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.

Ferriprox (tablets and oral solution) is indicated for the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.<sup>3,4</sup> The recommended dosing for Ferriprox is weight-based, adjustments are based on response and therapeutic goals (maintenance or reduction of body iron burden). The maximum dose is 33 mg/kg actual body weight, three times per day for a total of 99 mg/kg/day.

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

<b>Exjade</b> ®	Ferriprox <sup>®</sup>		Jadenu <sup>®</sup> /Sprinkle	
(deferasirox tablets for suspension)	(deferiprone tablets and oral solution)		(deferasirox granules and tablets)	
• 125 mg	<u>Tablets</u>	Solution	Granules	<u>Tablets</u>
• 250 mg	• 500 mg	100 mg/mL	• 90 mg	• 90 mg
• 500 mg	• 1000 mg		• 180 mg	• 180 mg
			• 360 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	Exception Criteria				
Product					
Exjade	<ol> <li>Approve for 1 year if the patient meets BOTH of the following (A and B):         <ul> <li>A) Patient meets the standard Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy criteria; AND</li> <li>B) Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets.</li> </ul> </li> </ol>				
Ferriprox tablets	<ol> <li>Approve for 1 year if the patient meets BOTH of the following (A and B):         <ul> <li>A) Patient meets the standard Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy criteria; AND</li> <li>B) Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets.</li> </ul> </li> </ol>				
Ferriprox solution	<ol> <li>Approve for 1 year if the patient meets BOTH of the following (A and B):         <ul> <li>A) Patient meets the standard Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy criteria; AND</li> <li>B) Patient meets ONE of the following (i, ii, or iii):</li></ul></li></ol>				
Jadenu	<ol> <li>Approve for 1 year if the patient meets BOTH of the following (A and B):         <ul> <li>A) Patient meets the standard Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy criteria; AND</li> <li>B) Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets.</li> </ul> </li> </ol>				
Jadenu Sprinkle	<ol> <li>Approve for 1 year if the patient meets BOTH of the following (A and B):         <ul> <li>A) Patient meets the standard Chelating Agents – Iron Chelators (Oral) Prior Authorization Policy criteria; AND</li> <li>B) Patient has tried ONE of generic deferasirox tablets, generic deferasirox tablets for suspension, generic deferasirox granules, or generic deferiprone tablets.</li> </ul> </li> </ol>				

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## REFERENCES

- 1. Exjade® tablets for suspension [prescribing information]. East Hanover, NJ: Novartis; December 2020.
- 2. Jadenu® tablets and Jadenu® Sprinkle for oral use [prescribing information]. East Hanover, NJ: Novartis; July 2020.
- 3. Ferriprox® tablets [prescribing information]. Rockville, MD: ApoPharma USA, Inc.; May 2020.
- 4. Ferriprox® oral solution [prescribing information]. Rockville, MD: ApoPharma USA, Inc.; February 2020.

## **HISTORY**

Type of Revision	Summary of Changes	Review Date
New Policy		02/24/2021