

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To establish guidelines for using Exjade

## **STATEMENT OF THE POLICY**

Criteria for use of Exjade will be as follows and applies to new starts only for Medicare Part D members

## **PROCEDURES**

### **1. Initial Review Criteria**

- 1.1 Covered for FDA approved indications
- 1.2 Serum ferritin greater than 1000mcg/L
- 1.3 Patient should have documentation of auditory and ophthalmic testing prior to starting Exjade treatment

### **2. Exclusion Criteria**

- 2.1 Patient under 2 years old
- 2.2 Patient with severe renal insufficiency
- 2.3 Patient with Hepatitis
- 2.4 Patient not on any other iron chelation therapy concomitantly

### **3. Discontinuation Criteria or Interruption in Therapy should occur when**

- 3.1 Approval will be on a month per month basis
- 3.2 Serum ferritin levels below 500mcg/L in 2 consecutive months warrants discontinuation of therapy.