

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 two (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 3mo at a time.
- 3.2 Serum Ferritin levels below 500mcg/L in two (2) consecutive months warrants discontinuation of therapy.

HISTORY

1.1.09-Thowerton-created policy for Medicare D 2009

1/1/2010-Thowerton - P&T no changes

1/1/2011-Thowerton- P&T no chngs

1/1/2012-Thowerton- increased 3.1 approval time to 3mo per CMS Outlier Justifications