



**GEORGIA MEDICAID FEE-FOR-SERVICE
CHELATING AGENTS PA SUMMARY**

Preferred	Non-Preferred
Cuprimine (penicillamine capsules) Deferasirox tablets generic Deferasirox tablets for oral suspension generic Deferoxamine injection generic Depen Titratabs (penicillamine tablets)* Trientine hydrochloride capsules generic	Cuvrior (trientine tetrahydrochloride tablets) Deferasirox granules generic Ferriprox (deferiprone tablets, oral solution)

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE: Depen Titratab is preferred but requires prior authorization.

PA CRITERIA:

Depen Titratab

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Cuprimine, is not appropriate for the member.

Cuvrior

- ❖ Approvable for members 18 years of age and older with Wilson’s disease (hepatolenticular degeneration) confirmed by one of the following:
 - Presence of Kayser-Fleisher rings
 - Serum ceruloplasmin (CPN) less than 20 mg/dL
 - 24-hour urinary copper excretion greater than 100 mcg
 - Liver biopsy with copper dry weight greater than 250 mcg/g
 - ATP7B mutation via genetic testing **AND**
- ❖ Member has been de-coppered [i.e., serum non-ceruloplasmin copper (NCC) level ≥ 25 and ≤ 150 mcg/L **AND**
- ❖ Member is tolerant to but has failed to achieve an adequate response with penicillamine (Cuprimine, Depen Titratabs) and thus has discontinued penicillamine therapy **AND**
- ❖ Member has tried trientine hydrochloride (Syprine) and failed to achieve an adequate response.

Deferasirox Granules Generic

- ❖ Approvable for members 2 years of age and older with chronic iron overload (toxicity) due to blood transfusions (transfusional iron overload) who have tried and failed therapy due to noncompliance with deferasirox tablets for oral suspension (Exjade) and deferasirox tablets (Jadenu).



- ❖ Approvable for members 10 years of age and older with chronic iron overload (toxicity) due to non-transfusion-dependent thalassemia syndromes (non-transfusional iron overload) who have tried and failed therapy due to noncompliance with deferasirox tablets for oral suspension (Exjade) and deferasirox tablets (Jadenu).
- ❖ Faxed documentation of the member's trial and failure due to noncompliance with deferasirox tablets for oral suspension (Exjade) and deferasirox tablets (Jadenu) is required.

Ferriprox

- ❖ Approvable for members 8 years of age and older with transfusional iron overload due to thalassemia syndromes who have a serum ferritin level $>1,000$ mcg/L, absolute neutrophil count (ANC) $\geq 1.5 \times 10^9/L$ and have tried and failed therapy with at least one other chelating agent due to ineffectiveness or intolerance.
- ❖ Approvable for members 8 years of age and older with transfusional iron overload due to sickle cell disease or other anemias who have a serum ferritin level $>1,000$ mcg/L, ANC $\geq 1.5 \times 10^9/L$ and have tried and failed therapy with at least one other chelating agent due to ineffectiveness or intolerance.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.