



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

Preferred	Non-Preferred
Cuprimine (penicillamine 250 mg capsules) Deferoxamine injection generic Depen Titratab (penicillamine 250 mg tablets)* Exjade tablets for oral suspension (deferasirox)	Ferriprox oral solution and tablets (deferiprone) Jadenu tablets (deferasirox) Jadenu Sprinkle granules (deferasirox)

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE: Depen Titratab is preferred but requires prior authorization (PA).

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.

Ferriprox

- ❖ Approvable for members with transfusional iron overload due to thalassemia syndromes who have a serum ferritin level >1,000 mcg/L and absolute neutrophil count (ANC) $\geq 1.5 \times 10^9/L$, AND have tried and failed another chelating agent
- ❖ Faxed documentation of the member’s serum ferritin level and absolute neutrophil count will be required prior to approval and for renewal requests.

Jadenu and Jadenu Sprinkle

- ❖ Approvable for members 8 to 17 years of age with chronic iron overload (toxicity) due to blood transfusions (transfusional iron overload) who have required a transfusion of at least 100 mL/kg packed red blood cells, have a serum ferritin level >1,000 mcg/L AND have tried and failed therapy with Exjade.
- ❖ Approvable for members 8 to 17 years of age with chronic iron overload (toxicity) due to non-transfusion-dependent thalassemia syndromes (non-transfusional iron overload) who have a liver iron (Fe) concentration (LIC) >5 mg iron per gram of dry weight (Fe/g dw), have a serum ferritin level >300 mcg/L AND have tried and failed therapy with Exjade.
- ❖ Faxed documentation of the member’s serum ferritin level, and LIC level for members with non-transfusional iron overload, will be required prior to approval and for renewal requests. The member’s renal function and hepatic function must also be routinely monitored.

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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.