GEORGIA MEDICAID FEE-FOR-SERVICE
CHELATING AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Cuprimine (penicillamine 250 mg capsules)</td>
<td>Ferriprox oral solution and tablets (deferiprone)</td>
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<tr>
<td>Deferoxamine injection generic</td>
<td>Jadenu tablets (deferasirox)</td>
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<tr>
<td>Depen Titratab (penicillamine 250 mg tablets) *</td>
<td>Jadenu Sprinkle granules (deferasirox)</td>
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<tr>
<td>Exjade tablets for oral suspension (deferasirox)</td>
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*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) ≥1.5 x 10⁹/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.