

IRON CHELATING AGENTS PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Iron Chelating Agents** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		Total # of pages: _____		Prescriber name:	
Name of office contact:			Specialty:		
Contact's phone number:			NPI:		State license #:
LTC facility contact/phone:			Street address:		
Beneficiary name:		Suite #:	City/state/zip:		
Beneficiary ID#:		DOB:	Phone:		Fax:

CLINICAL INFORMATION

Drug name, strength, dosage form:		Beneficiary weight:	
Dose/directions:		Quantity:	Refills:
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):	

INITIAL requests

For a non-preferred Iron Chelating Agent: Does the beneficiary have a history of trial and failure of or contraindication or intolerance to the preferred agent(s) in this class? Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred agents in this class.	<input type="checkbox"/> Yes <i>Submit documentation.</i> <input type="checkbox"/> No
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Complete the sections below that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

For treatment of transfusional iron overload:

If request is for a **deferasirox product (Exjade, Jadenu)**, has documentation of the following lab test results:

<input type="checkbox"/> serum ferritin	<input type="checkbox"/> serum electrolytes	<input type="checkbox"/> CBC
<input type="checkbox"/> serum creatinine x 2	<input type="checkbox"/> urinalysis to evaluate renal tubular function	<input type="checkbox"/> LFTs

If request is for **deferiprone (Ferriprox)**, has documentation of the following lab test results:

<input type="checkbox"/> serum ferritin	<input type="checkbox"/> CBC with differential
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For treatment of non-transfusion-dependent thalassemia syndromes

Has documentation of the following lab test results:

<input type="checkbox"/> liver iron content	<input type="checkbox"/> serum ferritin x 2 (at least 1 month apart)	<input type="checkbox"/> CBC
<input type="checkbox"/> serum creatinine x 2	<input type="checkbox"/> urinalysis to evaluate renal tubular function	<input type="checkbox"/> LFTs
<input type="checkbox"/> serum electrolytes		

RENEWAL requests

Complete the sections below that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

For treatment of transfusional iron overload:

If request is for a **deferasirox product (Exjade, Jadenu)**, has documentation of the following lab test results:

<input type="checkbox"/> serum ferritin	<input type="checkbox"/> serum electrolytes	<input type="checkbox"/> CBC
<input type="checkbox"/> serum creatinine x 2	<input type="checkbox"/> urinalysis to evaluate renal tubular function	<input type="checkbox"/> LFTs

If request is for **deferiprone (Ferriprox)**, has documentation of the following lab test results:

<input type="checkbox"/> serum ferritin	<input type="checkbox"/> CBC with differential
<input type="checkbox"/> LFTs	<input type="checkbox"/> plasma zinc

For treatment of non-transfusion-dependent thalassemia syndromes

Has documentation of the following lab test results:

<input type="checkbox"/> liver iron content	<input type="checkbox"/> serum ferritin x 2 (at least 1 month apart)	<input type="checkbox"/> CBC
<input type="checkbox"/> serum creatinine x 2	<input type="checkbox"/> urinalysis to evaluate renal tubular function	<input type="checkbox"/> LFTs
<input type="checkbox"/> serum electrolytes		

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
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