



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DEFEROXAMINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DEFEROXAMINE MESYLATE	DESFERAL, DEFEROXAMINE MESYLATE	01104		GPI-10 (9300002010)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of chronic iron overload due to transfusion-dependent anemias and meet **ALL** of the following criteria?
 - The medication is prescribed by or given in consultation with a hematologist or hematologist-oncologist
 - The patient is 3 years of age or older
 - The patient has a serum ferritin levels that are consistently greater than 1000mcg/L (at least 2 lab values in the previous 3 months)

If yes, **approve for 6 months by HICL or GPI-10.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DEFEROXAMINE (Desferal)** requires the following rule(s) be met for approval:

- A. You have chronic iron overload due to transfusion-dependent anemias (blood doesn't have enough healthy red blood cells)
- B. Therapy is prescribed by or given in consultation with a hematologist (blood specialty doctor) or hematologist-oncologist (tumor/cancer doctor)
- C. You are 3 years of age or older
- D. Your serum ferritin levels (amount of iron-containing blood cell proteins) stay greater than 1000mcg/L (shown by at least 2 lab values in the previous 3 months)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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DEFEROXAMINE

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

- Does the patient have a diagnosis of chronic iron overload due to transfusion-dependent anemias and meet the following criterion?
 - The patient has a serum ferritin levels that are consistently greater than 500mcg/L (at least 2 lab values in the previous 3 months)

If yes, **approve for 12 months by HICL or GPI-10.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DEFEROXAMINE (Desferal)** requires the following rules be met for renewal:

- You have chronic iron overload due to transfusion-dependent anemias (blood doesn't have enough healthy red blood cells)
- Your serum ferritin levels (amount of iron-containing blood cell proteins) stay greater than 500mcg/L (at least 2 lab values in the previous 3 months)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Desferal.

REFERENCES

- Desferal [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; September 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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