

IRON CHELATING AGENTS PRIOR AUTHORIZATION FORM (form effective 1/1/20)

Prior authorization guidelines for Iron Chelating Agents and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<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.

Yes No *Submit documentation.*

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:
 - serum ferritin
 - serum creatinine x 2
 - serum electrolytes
 - urinalysis to evaluate renal tubular function
 - CBC
 - LFTs
 - If request is for **deferiprone (Ferriprox)**, has documentation of the following lab test results:
 - serum ferritin
 - CBC with differential
- For treatment of non-transfusion-dependent thalassemia syndromes
 - Has documentation of the following lab test results:
 - liver iron content
 - serum creatinine x 2
 - serum electrolytes
 - serum ferritin x 2 (at least 1 month apart)
 - urinalysis to evaluate renal tubular function
 - CBC
 - LFTs

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:
 - serum ferritin
 - serum creatinine x 2
 - serum electrolytes
 - urinalysis to evaluate renal tubular function
 - CBC
 - LFTs
 - If request is for **deferiprone (Ferriprox)**, has documentation of the following lab test results:
 - serum ferritin
 - LFTs
 - CBC with differential
 - plasma zinc
- For treatment of non-transfusion-dependent thalassemia syndromes
 - Has documentation of the following lab test results:
 - liver iron content
 - serum creatinine x 2
 - serum electrolytes
 - serum ferritin x 2 (at least 1 month apart)
 - urinalysis to evaluate renal tubular function
 - CBC
 - LFTs

Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation

Prescriber Signature:	Date:
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