



Send completed form to:
 Peach State Health Plan Pharmacy Department
Fax: 1-866-374-1579

Exjade

Prior Authorization Request

This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form toll-free to Peach State Health Plan at 1-866-374-1579.** If you have questions regarding the prior authorization, eligibility, drug copay or medication delivery; please contact Peach State Health Plan at **1-800-514-0083 option # 2.**

Patient Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Physician Office Address: _____

1. Which drug is being prescribed? Exjade Dose: _____ Frequency: _____
 Other _____
2. What is the diagnosis?
 Chronic iron overload due to blood transfusions
 Other _____
3. What is the patient's age? _____ years
4. Is Exjade prescribed by or under consult of a hematologist or an oncologist? Yes No
5. Is the patient currently taking iron supplements or vitamins with iron? Yes No
6. Will Exjade therapy be combined with other iron chelator? Yes No
7. Document the patient's current serum ferritin level. _____ mcg/L **(Fax results)**
8. Is the patient currently receiving treatment with Exjade? **If yes, skip to # 12* Yes No
9. **Attach BASELINE serum ferritin, serum creatinine (Scr), complete blood counts (CBCs), and liver function tests (LFTs).**
10. Does the patient have 2 or more serum ferritin levels greater than 500 mcg/L, at least one month apart in the prior 2 months? Yes No
11. If Yes, **Attach documentation** of ongoing transfusion of at least 2 units or 7 cc/Kg packed red blood cells per month.

Only answer below questions if patient is currently receiving therapy with Exjade

12. **Attach CURRENT serum ferritin, Scr, CBCs, and LFTs**
13. Are Scr, CBCs and LFTs within normal limits? Yes No

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Patient Name: _____ Patients Date of Birth: _____
Patients ID : _____

14. Is dose interruption or titration of dosing evidenced when ferritin levels fall below 500mcg/L?
 Yes No
15. Have serum ferritin levels fallen consistently below 500mcg/L despite dose interruption or titration of dosing? Yes No

****NOTE: We can NOT make a decision without a copy of the documentation - Thank You****

Information given on this form is accurate as of this date:

X _____
Prescriber or Authorized Signature Date (mm/dd/yy)

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