OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
Visit go.covermymeds.com/OptumRx to begin using this free service.
Please note: All information below is required to process this request.
Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Exjade®, Jadenu®, Jadenu® Sprinkle Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Chronic iron overload due to blood transfusions (transfusional hemosiderosis)
❑ Chronic iron overload due to non-transfusion-dependent thalassemia (NTDT)
❑ Myelodysplastic syndrome (MDS)
❑ Other diagnosis: _____ ICD-10 Code(s): _____

For chronic iron overload due to blood transfusions (transfusional hemosiderosis), answer the following:

Does the patient have a baseline ferritin level more than 1,000 mcg/L? ❑ **Yes** ❑ **No**
Has the patient required a transfusion of at least 100 mL/kg packed red blood cells? ❑ **Yes** ❑ **No**

Reauthorization:

Has the patient experienced a reduction, from baseline, in serum ferritin level or liver iron concentration (LIC)? ❑ **Yes** ❑ **No**
Is there documentation of positive clinical response with therapy of the requested medication? ❑ **Yes** ❑ **No**

For chronic iron overload due to non-transfusion-dependent thalassemia (NTDT), answer the following:

Does the patient have a liver iron concentration (LIC) of 5 milligrams iron per gram of liver dry weight (mg Fe/g dw) or higher? ❑ **Yes** ❑ **No**
If **yes**, is this prior to initiation of treatment with the requested drug? ❑ **Yes** ❑ **No**
Does the patient have a serum ferritin level greater than 300 mcg/L? ❑ **Yes** ❑ **No**
If **yes**, is this prior to initiation of treatment with the requested drug? ❑ **Yes** ❑ **No**

Reauthorization:

Does the patient have a LIC of 3 mg Fe/g dw or higher? ❑ **Yes** ❑ **No**
Has the patient experienced a reduction, from baseline, in serum ferritin level or liver iron concentration (LIC)? ❑ **Yes** ❑ **No**
Is there documentation of positive clinical response with therapy of requested medication? ❑ **Yes** ❑ **No**

For myelodysplastic syndrome (MDS), answer the following:

Does the patient have low or intermediate-1 disease? ❑ **Yes** ❑ **No**
Is the patient a potential transplant patient? ❑ **Yes** ❑ **No**
Has the patient received more than 20 red blood cell transfusions? ❑ **Yes** ❑ **No**

Reauthorization:

Has the patient experienced a reduction, from baseline, in serum ferritin level or liver iron concentration (LIC)? ❑ **Yes** ❑ **No**

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Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.