



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

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

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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information (required)					
Select the diagnosis below:					
<input type="checkbox"/> Chronic iron overload due to blood transfusions (transfusional iron overload)					
<input type="checkbox"/> Chronic iron overload in non-transfusion-dependent thalassemia syndromes					
<input type="checkbox"/> Myelodysplastic syndrome (MDS)					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Select the medications the patient has a failure, contraindication, or intolerance to:					
<input type="checkbox"/> Exjade					
<input type="checkbox"/> Ferriprox					
For Jadenu Sprinkle requests, also answer the following:					
Has the patient had a failure, contraindication, or intolerance to Jadenu? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For chronic iron overload due to blood transfusions (transfusional iron overload), answer the following:					
Does the patient have chronic iron overload (e.g., sickle cell anemia, thalassemia, etc.) due to blood transfusion (transfusional hemosiderosis)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the patient had blood transfusion of at least 100 mL/kg of packed red blood cells (e.g., at least 20 units of packed red blood cells for a 40 kg person or more in individuals weighing more than 40 kg) prior to initiation of treatment with Jadenu? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have serum ferritin levels consistently greater than 1000 mcg/L prior to initiation of treatment with Jadenu (baseline ferritin level)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have a trial and failure or intolerance to parenteral Desferal (deferoxamine mesylate) therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Jadenu prescribed by a hematologist/oncologist or hepatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reauthorization:					
Is there documentation the patient has had a positive clinical response to therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the patient experienced a reduction from baseline in serum ferritin level or liver iron concentration (LIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For chronic iron overload in non-transfusion-dependent thalassemia syndromes, answer the following:					
Does the patient have liver iron (Fe) concentration (LIC) levels consistently greater than or equal to 5 mg Fe per gram of dry weight (mg Fe/g dw) prior to initiation of treatment with Jadenu? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have serum ferritin levels consistently greater than 300 mcg/L prior to initiation of treatment with Jadenu? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Jadenu prescribed by a hematologist/oncologist or hepatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reauthorization:					
Is there documentation the patient has had a positive clinical response to therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have liver iron concentration (LIC) 3 mg Fe/g dw or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the patient experienced a reduction from baseline in serum ferritin level or liver iron concentration (LIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Jadenu-JadenuSprinkle_CMS_2019Jan1-W



Jadenu® & Jadenu® Sprinkle Prior Authorization Request Form (Page 2 of 2)

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For myelodysplastic syndrome, 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

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.

If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.

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.