



Please complete ALL information below and fax your request to 1-888-671-5285

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) and Provider Information (required) sections with fields for Name, Insurance ID#, Date of Birth, Street Address, City, State, Zip, Phone, NPI#, Specialty, Office Phone, Office Fax, and Office Street Address.

Medication Information (required) section with fields for Medication Name, Strength, Dosage Form, and checkboxes for generic substitution and continuation of therapy.

Clinical Information (required) section starting with 'Select the diagnosis below:' and checkboxes for chronic iron overload due to blood transfusions, chronic iron overload in non-transfusion-dependent thalassemia syndromes, and other diagnosis.

Clinical Information section for 'For chronic iron overload due to blood transfusions, answer the following:' including questions about serum ferritin levels and continuation of therapy.

Clinical Information section for 'For chronic iron overload in non-transfusion-dependent thalassemia syndromes, answer the following:' including questions about serum ferritin levels, liver iron concentration (LIC), and continuation of therapy.



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

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

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.