



45 Earhart Drive, Suite 110, Amherst, NY 14221

# EXJADE AUTHORIZATION AND RE-AUTHORIZATION

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Last Name		First Name		Today's Date		Date Needed	
Parent/Guardian				Prescriber		Hospital/Clinic	
Home Phone Number ( )		Work Phone Number ( )		Phone Number ( )		Fax Number ( )	
Home Address		City State Zip		Address		City State Zip	
Ship To: <input type="checkbox"/> Prescriber <input type="checkbox"/> Patient's Home				Office Contact		Prescriber Speciality	
Language Preference <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other				Contact Preference <input type="checkbox"/> Phone <input type="checkbox"/> Fax			
Known Allergies:				<input type="checkbox"/> Email: _____			
Weight _____ Lbs.		Height _____ Ft _____ In		Date of Birth ____/____/____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Special Instructions							

<b>INSURANCE INFORMATION</b>	<b>DRUG NAME: EXJADE</b>
Fill out entirely or fax a copy of patient's insurance card (both sides):	
<b>Primary Insurance:</b> _____	<input type="checkbox"/> New Authorization <input type="checkbox"/> Re-authorization*
Name of Insured: _____	Dose: _____
Policy #: _____	Frequency: _____
Group #: _____	
Phone #: _____	
Rx Drug Card #: _____	
<b>Secondary Insurance:</b> _____	
Name of Insured: _____	
Policy #: _____	
Group #: _____	
Phone #: _____	
Rx Drug Card #: _____	

STATEMENT OF MEDICAL NECESSITY	
Primary Diagnosis: _____	<input type="checkbox"/> Submission of baseline serum ferritin level AND
ICD9 Code: _____	<input type="checkbox"/> Submission of baseline LFTs
<input type="checkbox"/> Patient is two years of age or older AND	<input type="checkbox"/> Submission of baseline serum creatinine in duplicate (to establish a reliable pre-treatment baseline, due to variations in measurements) and urine protein values
<input type="checkbox"/> Patient has diagnosis of chronic iron overload association with blood transfusions in patients with blood transfusion-dependent anemias, such as thalassemia, sickle cell disease, other rare anemias and myeloproliferative disorders	<input type="checkbox"/> Submission of baseline CBC(interruption of Exjade therapy should be considered if unexplained cytopenia develops)
<input type="checkbox"/> Documentation of evidence of chronic iron overload, such as the recent transfusion of ~100mL/kg of packed red cells (~20 units for a 40 kg patient) and a serum ferritin consistently greater than 1000mcg/L	<input type="checkbox"/> Submission of documentation that patient has undergone auditory and ophthalmic testing (including slit lamp exam and dilated funduscopy) before initiation of Exjade therapy