

RX.PA.022.MPC Non-Preferred Antihemophilic Factors

The purpose of this policy is to define the prior authorization process for the non-preferred antihemophilic factors.

Brand Name	Generic Name
Advate	Antihemophilia FVIII
Adynovate	Antihemophilia FVIII
Afstyla	Antihemophilia FVIII
Alphanate	Antihemophilia FVWF
Alphanine SD	Factor IX
Alprolix	Factor IX
Benefix	Factor IX
Coagadex	Coagulation Factor X
Corifact	Factor XIII
Eloctate	Antihemophilia FVIII
Feiba	Anti-Inhibitor Coagulant Complex
Humate-P	Antihemophilic Factor
Ixinity	Factor IX
Jivi	Factor VIII
Kogenate FS	Antihemophilia FVIII
Mononine	Factor IX
Novoeight	Antihemophilic FVIII
Novoseven	Coagulation Factor VIIA
Nuwiq	Antihemophilic FVIII
Obizur	Antihemophilic FVIII
Profilnine SD	Factor IX
Rebinyn	Factor IX
Recombinate	Antihemophilic Factor
Rixubis	Factor IX
Tretten	Factor XIII
Wilate	Antihemophilic Factor
Xyntha	Antihemophilic FVIII

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective product:

1. Eloctate:

- Must have a diagnosis of hemophilia A (congenital factor VIII deficiency)

Non-Preferred Antihemophilic Factors

POLICY NUMBER: RX.PA.022.MPC

REVISION DATE: 02/2020

PAGE NUMBER: 2 of 3

- Must NOT be used for von Willebrand disease
- Must be used for ONE of the following:
 - Control and prevention of bleeding episodes
 - Perioperative management (surgical prophylaxis)
 - Routine prophylaxis to prevent or reduce the frequency of bleeding episodes
- If the requested medication is a brand-name product with generics available
 - Must have documentation of a previous trial and failure to the corresponding generic product

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review.

Note: Hemophilia agents are billed by the unit such as 2,000 units for 1 vial.

Codes: J Code(s)

Code	Description
J7175	Injection, factor x, (human), 1 iu.
J7180	Injection, factor xiii (antihemophilic factor, human), 1 iu.
J7181	Injection, factor xiii a-subunit, (recombinant), per iu
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per iu
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii iu
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0

Non-Preferred Antihemophilic Factors**POLICY NUMBER: RX.PA.022.MPC****REVISION DATE: 02/2020****PAGE NUMBER: 3 of 3**

J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram
J7191	Factor viii (antihemophilic factor (porcine)), per iu
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per iu
J7194	Factor ix, complex, per iu
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified
J7198	Anti-inhibitor, per iu
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 iu
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
J7205	Injection, factor viii fc fusion protein (recombinant), per iu
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 iu
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 iu
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 iu