

## Anti-Inhibitor Antibody Hemlibra (Emicizumab-Kxwh)

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**Drug names**

1. Emicizumab-kxwh
  2. Hemlibra
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**Description**

Hemlibra (emicizumab-kxwh) is used to prevent or reduce the frequency of bleeding episodes in patients with hemophilia A with factor VIII inhibitors.

Hemophilia A is a bleeding condition people can be born with where a missing or faulty blood clotting factor (factor VIII) prevents blood from clotting normally. Hemlibra is a therapeutic antibody that bridges clotting factors to help the blood clot.

It is administered by subcutaneous injection.

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**See also**

Similar, related, or easily confused documents.

- [Blood Clotting Factors](#) - Biologically derived blood clotting injectable compounds, which are used by people with blood clotting disorders.
  - [Blood Coagulation Clinic or Facility Testing](#) - Lab tests used to monitor blood coagulation (clotting) time.
  - [Blood Coagulation Home Testing Devices](#) - A home device used to monitor blood coagulation (clotting) time.
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**Commercial**

A Pharmacy Clinical Guideline, *Anti-Inhibitor Antibody Hemlibra (emicizumab-kxwh)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
    - **Important:** Check policy for limits or exclusions.
    - **ER or inpatient hospital POS:** PA is not required.
    - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
  - If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.
  - **Hemophilia Management Program:** Refer to [Magellan Hemophilia Management Program FAQs](#).
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## Anti-Inhibitor Antibody Hemlibra (Emicizumab-Kxwh), Continued

### Government Programs

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• Refer to <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Covered based on place of service. Quote office visit or outpatient hospital benefits.</li><li>• Medicare is the primary payer.</li><li>• Follows Medicare guidelines.</li><li>• If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li></ul>
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none"><li>• Covered based on place of service. Quote office visit or outpatient hospital benefits.</li><li>• Medica is the only payer.</li></ul>
Advantage	<ul style="list-style-type: none"><li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none"><li>– <b>Administration</b>: Covered based on place of service. Quote office visit benefits. Check EOC for primary or specialist cost sharing.</li><li>– <b>Drug (J-code)</b>: Covered under <i>Part B Prescription Drugs</i> in the EOC.</li></ul></li><li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li><li>• Medica is the only payer.</li></ul>

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## Anti-Inhibitor Antibody Hemlibra (Emicizumab-Kxwh), Continued

### Government Programs, continued

Plan	Coverage
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> <li>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.               <ul style="list-style-type: none"> <li><b>Administration:</b> Covered based on place of service. Quote office visit benefits. Check EOC; copays depend on place of service.</li> <li><b>Drug (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li>Medica is the only payer.</li> </ul>
Medicaid (SPP)	<ul style="list-style-type: none"> <li>A Pharmacy Clinical Guideline, <i>Anti-Inhibitor Antibody Hemlibra (emicizumab-kxwh)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li><b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i>.               <ul style="list-style-type: none"> <li><b>Important:</b> Check policy for limits or exclusions.</li> <li><b>ER or inpatient hospital POS:</b> PA is not required.</li> <li><b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.</li> <li><b>Hemophilia Management Program:</b> Refer to <a href="#">Magellan Hemophilia Management Program FAQs</a>.</li> </ul>
Prime	<ul style="list-style-type: none"> <li>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.               <ul style="list-style-type: none"> <li><b>Administration:</b> Covered based on place of service. Quote office visit benefits. Check EOC for primary or specialist cost sharing.</li> <li><b>Drug (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>Follows Medicare guidelines.</li> <li>Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li><b>Reminder:</b> Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li> </ul>

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## Anti-Inhibitor Antibody Hemlibra (Emicizumab-Kxwh), Continued

### Government Programs, continued

Plan	Coverage
Select, Signature	<ul style="list-style-type: none"><li>• Covered based on place of service. Quote office visit or outpatient hospital benefits.</li><li>• Medicare supplement. Medicare is the primary payer.</li><li>• Follows Medicare guidelines.</li></ul>

### Individual and Family Business (IFB)

A Pharmacy Clinical Guideline, *Anti-Inhibitor Antibody Hemlibra (emicizumab-kxwh)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
  - **Important:** Check policy for limits or exclusions.
  - **ER or inpatient hospital POS:** PA is not required.
  - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.
- **Hemophilia Management Program:** Refer to [Magellan Hemophilia Management Program FAQs](#).

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## Anti-Inhibitor Antibody Hemlibra (Emicizumab-Kxwh), Continued

### Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

Employer	Coverage
Mayo Medical Plan	<ul style="list-style-type: none"><li>• Covered based on place of service. Quote office visit or outpatient hospital benefits.</li></ul>
All others	<ul style="list-style-type: none"><li>• A Pharmacy Clinical Guideline, <i>Anti-Inhibitor Antibody Hemlibra (emicizumab-kxwh)</i>, is on <a href="#">Magellan Rx Management</a>.</li><li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient hospital POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li></ul></li><li>• If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.</li><li>• <b>Hemophilia Management Program:</b> Refer to <a href="#">Magellan Hemophilia Management Program FAQs</a>.</li></ul>

### National Account Member Services (NAMS)

A Medical Policy, *Clotting Factors, Coagulant Blood Products & Other Hemostatics*, is on [UHC Provider.com](#).

- May be listed separately, if so, quote from iBAAG.
- If not listed separately and *Coverage Rational* is met, covered based on place of service. Quote office visit or outpatient hospital benefits.
- If *Coverage Rational* is not met, unproven and not covered.
- **Non-MSA providers:** Refer to [Injectable Drugs Received in a Physician's Office - NAMS](#) for special dispensing requirements.

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## Anti-Inhibitor Antibody Hemlibra (Emicizumab-Kxwh), Continued

### Document history

Document history outlined below.

Date	Description
1.22.20	Updated to new template.
4.12.19	Updated to new template.

### Applicability

<b>Business Segments</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC		
<b>Specific Clients/Products</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
<b>System</b>		
<input type="checkbox"/> CCMS <input type="checkbox"/> COS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
<b>Departments</b>		
<input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Other:		
<b>Approved By</b>	<b>Document Owner</b>	<b>Date</b>
A-Z Review Team	KNTWs	2.26.18