**Blood- Blood Products Hemophilia Factors**

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| Criteria 1 | Non-Preferred Agents- Altuviiio, Jivi, Nuwiq, Obizur, Rebinyn, Sevenfact, Vonvendi |
| Criteria 2 | Preferred Agents (all require PA)- Advate, Adynovate, Afstyla, Alphanate, Alphanine SD, Alprolix, Benefix, Corifact, Eloctate, Esperoct, Feiba, Hemlibra, Hemofil M, Humate-P, Idelvion, Ixinity, Koate, Kogenate FS, Kovaltry, Mononine, Novoeight, Novoseven RT, Profilnine, Recombinate, Rixubis, Wilate, Xyntha |

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| **Criteria Title** | Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor | | |
| **Criteria Subtitle** | Non-Preferred Products | | |
| **Approval Level** | HICL | | |
| **Products**     |  |  | | --- | --- | | Preferred |  | | Non-Preferred | X | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code (s) | Type of Code (GCNSeqNo, HICL, NDC) |
| ALTUVIIIO | 084449 | GCNSeqNo |
| ALTUVIIIO | 084450 | GCNSeqNo |
| ALTUVIIIO | 084452 | GCNSeqNo |
| ALTUVIIIO | 084453 | GCNSeqNo |
| ALTUVIIIO | 084454 | GCNSeqNo |
| ALTUVIIIO | 084455 | GCNSeqNo |
| JIVI | 078823 | GCNSeqNo |
| JIVI | 078824 | GCNSeqNo |
| JIVI | 078825 | GCNSeqNo |
| JIVI | 078826 | GCNSeqNo |
| NUWIQ | 073599 | GCNSeqNo |
| NUWIQ | 073600 | GCNSeqNo |
| NUWIQ | 073601 | GCNSeqNo |
| NUWIQ | 073603 | GCNSeqNo |
| NUWIQ | 077688 | GCNSeqNo |
| NUWIQ | 077689 | GCNSeqNo |
| NUWIQ | 077690 | GCNSeqNo |
| NUWIQ | 083164 | GCNSeqNo |
| OBIZUR | 073007 | GCNSeqNo |
| REBINYN | 077458 | GCNSeqNo |
| REBINYN | 077459 | GCNSeqNo |
| REBINYN | 077460 | GCNSeqNo |
| SEVENFACT | 080904 | GCNSeqNo |
| SEVENFACT | 080905 | GCNSeqNo |
| VONVENDI | 075253 | GCNSeqNo |
| VONVENDI | 075254 | GCNSeqNo |

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| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** | |
| 1 | 0999 |  | Select and Free Text | Has the patient taken the drug in the previous 120 days?  If yes, please submit documentation of recent use. | Y | END (Pending Manual Review) | |
| N | 1000 | |
| 2 | 1000 |  | Select | Is the patient new to therapy (initial authorization request) or continuing therapy (re-authorization request)? | New Start (initial authorization request) | 1001 | |
| Continuation (re-authorization request) | 1234 | |
| 3 | 1001 |  | Select and Free Text | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1002 | |
| N | 1235 | |
| 4 | 1002 |  | Select and Free Text | Has the patient had an inadequate clinical response of at least 14 days with at least one preferred drug?  If yes, please submit the medication trials and dates. | Y | 1004 | |
| N | 1003 | |
| 5 | 1003 |  | Select and Free Text | Has the provider submitted documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances)?  If yes, please submit the medication name and reason for inability to use. | Y | 1004 | |
| N | 1236 | |
| 6 | 1004 |  | Select | Is the requested drug an extended half-life factor? | Y | 1005 | |
| N | 1006 | |
| 7 | 1005 |  | Select | For extended half-life factors, does the prescribing physician attest that the patient is not a suitable candidate for treatment with shorter-acting half-life product? | Y | 1006 | |
| N | 1235 | |
| 8 | 1006 |  | Select and Free Text | Has the provider submitted documentation of the patient’s body weight? | Y | 1007 | |
| N | 1235 | |
| 9 | 1007 |  | Select | Is the request for any of the following:  1) a nonsolid oral dosage formulation  2) a non-preferred extended release formulation  3) a non-preferred brand name that has a preferred generic product | Y | 1008 | |
| N | END (Pending Manual Review) | |
| 10 | 1008 |  | Select and Free Text | Has the provider submitted documentation of medical necessity for the requested product (i.e. medical reasons for why the patient cannot be changed to a solid oral dosage formulation, inadequate clinical response with a product’s immediate release formulation, or inadequate clinical response or allergy of two or more generic labelers)? | Y | END (Pending Manual Review) | |
| N | 1235 | |
| 11 | 1234 |  | Select and Free Text | Has the provider submitted documentation of the patient’s clinical response to treatment and ongoing safety monitoring? | Y | | END (Pending Manual Review) |
| N | | 1235 |
| 12 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | | |
| 13 | 1236 |  | Free Text | Please explain the reason(s) why the patient is unable to use medications not requiring prior approval. | END (Pending Manual Review) | | |

LENGTH OF AUTHORIZATIONS: 365 Days

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| **Last Approved** | 8/11/2023 |
| **Other** |  |

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| **Criteria Title** | Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor | | |
| **Criteria Subtitle** | Preferred Products | | |
| **Approval Level** | HICL | | |
| **Products**     |  |  | | --- | --- | | Preferred | X | | Non-Preferred |  | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code (s) | Type of Code (GCNSeqNo, HICL, NDC) |
| ADVATE | 062863 | GCNSeqNo |
| ADVATE | 063004 | GCNSeqNo |
| ADVATE | 063070 | GCNSeqNo |
| ADVATE | 063071 | GCNSeqNo |
| ADVATE | 063072 | GCNSeqNo |
| ADVATE | 063073 | GCNSeqNo |
| ADVATE | 069604 | GCNSeqNo |
| ADYNOVATE | 075197 | GCNSeqNo |
| ADYNOVATE | 075198 | GCNSeqNo |
| ADYNOVATE | 075199 | GCNSeqNo |
| ADYNOVATE | 075200 | GCNSeqNo |
| ADYNOVATE | 077111 | GCNSeqNo |
| ADYNOVATE | 077114 | GCNSeqNo |
| ADYNOVATE | 077369 | GCNSeqNo |
| AFSTYLA | 076202 | GCNSeqNo |
| AFSTYLA | 076204 | GCNSeqNo |
| AFSTYLA | 076205 | GCNSeqNo |
| AFSTYLA | 076206 | GCNSeqNo |
| AFSTYLA | 076207 | GCNSeqNo |
| AFSTYLA | 077164 | GCNSeqNo |
| AFSTYLA | 077165 | GCNSeqNo |
| ALPHANATE | 061157 | GCNSeqNo |
| ALPHANATE | 061158 | GCNSeqNo |
| ALPHANATE | 051159 | GCNSeqNo |
| ALPHANATE | 061160 | GCNSeqNo |
| ALPHANATE | 072729 | GCNSeqNo |
| ALPHANINE SD | 045641 | GCNSeqNo |
| ALPHANINE SD | 045642 | GCNSeqNo |
| ALPHANINE SD | 065140 | GCNSeqNo |
| ALPROLIX | 072211 | GCNSeqNo |
| ALPROLIX | 072212 | GCNSeqNo |
| ALPROLIX | 072216 | GCNSeqNo |
| ALPROLIX | 072214 | GCNSeqNo |
| ALPROLIX | 075710 | GCNSeqNo |
| ALPROLIX | 076768 | GCNSeqNo |
| BENEFIX | 071162 | GCNSeqNo |
| BENEFIX | 071163 | GCNSeqNo |
| BENEFIX | 071164 | GCNSeqNo |
| BENEFIX | 071165 | GCNSeqNo |
| BENEFIX | 071166 | GCNSeqNo |
| CORIFACT | 067103 | GCNSeqNo |
| ELOCTATE | 072433 | GCNSeqNo |
| ELOCTATE | 072434 | GCNSeqNo |
| ELOCTATE | 072435 | GCNSeqNo |
| ELOCTATE | 072436 | GCNSeqNo |
| ELOCTATE | 072437 | GCNSeqNo |
| ELOCTATE | 072438 | GCNSeqNo |
| ELOCTATE | 072439 | GCNSeqNo |
| ELOCTATE | 077183 | GCNSeqNo |
| ELOCTATE | 077184 | GCNSeqNo |
| ELOCTATE | 077185 | GCNSeqNo |
| ESPEROCT | 080614 | GCNSeqNo |
| ESPEROCT | 080615 | GCNSeqNo |
| ESPEROCT | 080616 | GCNSeqNo |
| ESPEROCT | 080617 | GCNSeqNo |
| ESPEROCT | 080618 | GCNSeqNo |
| FEIBA | 060240 | GCNSeqNo |
| FEIBA | 079795 | GCNSeqNo |
| FEIBA | 079796 | GCNSeqNo |
| HEMLIBRA | 077934 | GCNSeqNo |
| HEMLIBRA | 077935 | GCNSeqNo |
| HEMLIBRA | 077936 | GCNSeqNo |
| HEMLIBRA | 077937 | GCNSeqNo |
| HEMOFIL M | 060598 | GCNSeqNo |
| HEMOFIL M | 060599 | GCNSeqNo |
| HEMOFIL M | 067605 | GCNSeqNo |
| HEMOFIL M | 067606 | GCNSeqNo |
| HUMATE-P | 060323 | GCNSeqNo |
| HUMATE-P | 060324 | GCNSeqNo |
| HUMATE-P | 060325 | GCNSeqNo |
| IDELVION | 075661 | GCNSeqNo |
| IDELVION | 075662 | GCNSeqNo |
| IDELVION | 075663 | GCNSeqNo |
| IDELVION | 075664 | GCNSeqNo |
| IDELVION | 078521 | GCNSeqNo |
| IXINITY | 074098 | GCNSeqNo |
| IXINITY | 074100 | GCNSeqNo |
| IXINITY | 074101 | GCNSeqNo |
| IXINITY | 077223 | GCNSeqNo |
| IXINITY | 077224 | GCNSeqNo |
| IXINITY | 077225 | GCNSeqNo |
| KOATE | 006353 | GCNSeqNo |
| KOATE | 026889 | GCNSeqNo |
| KOATE | 026890 | GCNSeqNo |
| KOGENATE FS | 062863 | GCNSeqNo |
| KOGENATE FS | 063004 | GCNSeqNo |
| KOGENATE FS | 063071 | GCNSeqNo |
| KOGENATE FS | 063072 | GCNSeqNo |
| KOGENATE FS | 063703 | GCNSeqNo |
| KOVALTRY | 062863 | GCNSeqNo |
| KOVALTRY | 063004 | GCNSeqNo |
| KOVALTRY | 063071 | GCNSeqNo |
| KOVALTRY | 063072 | GCNSeqNo |
| KOVLATRY | 063073 | GCNSeqNo |
| MONONINE | 045642 | GCNSeqNo |
| NOVOEIGHT | 073068 | GCNSeqNo |
| NOVOEIGHT | 073069 | GCNSeqNo |
| NOVOEIGHT | 073070 | GCNSeqNo |
| NOVOEIGHT | 073071 | GCNSeqNo |
| NOVOEIGHT | 073072 | GCNSeqNo |
| NOVOEIGHT | 073073 | GCNSeqNo |
| NOVOSEVEN RT | 063985 | GCNSeqNo |
| NOVOSEVEN RT | 063986 | GCNSeqNo |
| NOVOSEVEN RT | 063987 | GCNSeqNo |
| NOVOSEVEN RT | 066677 | GCNSeqNo |
| PROFILNINE | 006361 | GCNSeqNo |
| PROFILNINE | 006363 | GCNSeqNo |
| PROFILNINE | 027098 | GCNSeqNo |
| RECOMBINATE | 018739 | GCNSeqNo |
| RECOMBINATE | 018740 | GCNSeqNo |
| RECOMBINATE | 018741 | GCNSeqNo |
| RECOMBINATE | 060628 | GCNSeqNo |
| RECOMBINATE | 060766 | GCNSeqNo |
| RIXUBIS | 071162 | GCNSeqNo |
| RIXUBIS | 071163 | GCNSeqNo |
| RIXUBIS | 071164 | GCNSeqNo |
| RIXUBIS | 071165 | GCNSeqNo |
| RIXUBIS | 071166 | GCNSeqNo |
| WILATE | 069253 | GCNSeqNo |
| WILATE | 069254 | GCNSeqNo |
| XYNTHA | 064164 | GCNSeqNo |
| XYNTHA | 064165 | GCNSeqNo |
| XYNTHA | 064166 | GCNSeqNo |
| XYNTHA | 064167 | GCNSeqNo |
| XYNTHA | 066952 | GCNSeqNo |
| XYNTHA | 067808 | GCNSeqNo |
| XYNTHA | 067809 | GCNSeqNo |
| XYNTHA | 068428 | GCNSeqNo |
| XYNTHA | 068429 | GCNSeqNo |

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| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** |
| 1 | 1001 |  | Select and Free Text | Has the patient taken the drug in the previous 120 days?  If yes, please submit documentation of recent use. | Y | END (Pending Manual Review) |
| N | 1002 |
| 2 | 1002 |  | Select | Is the patient new to therapy (initial authorization request) or continuing therapy (re-authorization request)? | New Start (initial authorization request) | 1003 |
| Continuation (re-authorization request) | 1234 |
| 3 | 1003 |  | Select and Free Text | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1004 |
| N | 1235 |
| 4 | 1004 |  | Select | Is the requested drug an extended half-life factor? | Y | 1005 |
| N | 1006 |
| 5 | 1005 |  | Select | For extended half-life factors, does the prescribing physician attest that the patient is not a suitable candidate for treatment with shorter-acting half-life product? | Y | 1006 |
| N | 1235 |
| 6 | 1006 |  | Select and Free Text | Has the provider submitted documentation of the patient’s body weight? | Y | END (Pending Manual Review) |
| N | 1235 |
| 7 | 1234 |  | Select and Free Text | Has the provider submitted documentation of the patient’s clinical response to treatment and ongoing safety monitoring? | Y | END (Pending Manual Review) |
| N | 1235 |
| 8 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATIONS: 365 Days

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| --- | --- |
| **Last Approved** | 8/11/2023 |
| **Other** |  |