

Marketplace



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titre 0.3 BU for hemophilia B);

CareSource			
reauthorization			
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3.			
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approved for an additional 6 months.

Hemlibra (emicizumab-kxwh)							
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	b.						
	С.						
6.							
7.							

Dosage allowed: 3 mg/kg subQ once weekly for the first 4 weeks, followed by a maintenance dose of 1.5 mg/kg once every week, OR 3mg/kg once every 2 weeks, OR 6 mg/kg every 4 weeks.

If member meets all the requirements listed above, the medication will be approved for 6 months.



2.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

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If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

Anti-Clotting Products - (ATryn, Ceprotin)

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If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

<u>Table A</u>

Drug Class	Drug Name	Indications	J Code
		X	
		Х	

CareSource		
PXI Intovations	x	J7204
	X	
	X	
1	x	l
	X	
	Х	

XI movations	x hemophilia A	
	x	
	von Willebrand Disease	
	VWD (Type 3) undergoing major surgery	
	Hemophilia A	
	x	
	Von Willebrand disease	
	x	
	x	
	von Willebrand disease	J7183
	x	
	x	
	hemophilia A	
	x	
	X	
	von Willebrand disease	
	x	
	X X	
	episodes in patients with severe Type 3 von Willebrand	
	Hemophilia A and B with inhibitors	
	x	
	X X	
ļ	x	I

or B with inhibitors

х

	CareSource	
Y		
	09/13/2022	

- 1. Srivastava A, Santagostino E, Dougall A, et al. WFH Guidelines for the Management of Hemophilia, 3rd edition. Haemophilia 158. doi:10.1111/hae.14046
- 2.
- 3.
- 4.
- 5.
- 6. 7.