

Marketplace



CareSource

rx Prior Authorization

- 1.
- 2.

—
a.

titre 0.3 BU for hemophilia B);

reauthorization

- 1.
- 2.
- 3.

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

Hemlibra (emicizumab-kxwh)

initial

- 1.
- 2.
- 3.
4. _____
- a.
5. _____ **one**
- a.
- b.
- c.
- 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.



Reauthorization

- 1.
- 2.

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

Von

- 1.
- 2.
- 3.
- 4.

Dosage allowed:

If member meets all the requirements listed above, the medication will be approved for 30 days for perioperative management or 6 months for all other cases.

reauthorization

- 1.
- 2.
- 3.

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

Anti-Clotting Products - (ATryn, Ceprotin)

initial

- 1.
- 2.
- 3.

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

Table A

Drug Class	Drug Name	Indications	J Code
		X	
		X	

		X		J7204
		X		
		X		

X
X
X



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.

