ATRIO HEALTH PLANS

Anti-Hemophilic
FACTOR IX (Non-Recombinant J7193, Complex J7194, Recombinant NOS) J7195, Alprolix J7201, Idelvion J7202, Rebinyn J7203, Rixubis J7200
Prior Authorization Request
Medicare Part B Form

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

☐	**NEW START - Start Date:_____**	☐	**Continuation** (within 365 days)**:** Date of last treatment _____
☐	Date Requested _____		
	Requestor _____ Clinic name: _____ Phone / Fax		

MEMBER INFORMATION

*Name:_____ *ID#:_____ *DOB:_____

PRESCRIBER INFORMATION

*Name:_____ ☐MD ☐FNP ☐DO ☐NP ☐PA *Phone:_____

*Address:_____ *Fax:_____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name:_____ Phone:_____

*Address:_____ Fax:_____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug ☐ Self-administered	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

☐ Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

☐ New Start or Initial Request: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Approval" and attests the member meets ALL required PA criteria.**
If not, please provide **clinical rationale** for formulary exception: _____
_____

☐ Continuation Requests: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Continuation" and attests the member meets ALL required PA Continuation criteria.**

☐ Patient had an adequate response or significant improvement while on this medication.
If not, please provide clinical rationale for continuing this medication: _____
_____

ACKNOWLEDGEMENT

Request By (Signature Required): _____Date:_____ /____ /____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

Prior Authorization Group – Coagulation Factors PA

Drug Name(s):
FACTOR IX (Non-Recombinant)
FACTOR IX (Complex)
FACTOR IX (Recombinant NOS)
ALPROLIX
IDELVION
REBINYN
RIXUBIS

Criteria for approval of Non-Formulary/Preferred Drug:
1. Prescribed for an approved FDA diagnosis (as listed below):
    a. On-demand treatment and control of bleeding episode
    b. Routine prophylaxis to reduce the frequency of bleeding episodes
    c. Perioperative management of bleeding
2. Patient does NOT have one of the following conditions:
    a. Disseminated intravascular coagulation OR
    b. Signs of fibrinolysis (Rixubis only)
3. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.

- If the member meets all these criteria, they may be approved by the Plan for the requested drug.
- Quantity limits and Tiering will be determined by the Plan.

Exclusion Criteria:
Disseminated intravascular coagulation (DIC) (Rixubis only)
Signs of fibrinolysis (Rixubis only)

Prescriber Restrictions:
N/A

Coverage Duration:
Approval will be for 12 months

FDA Indications:
All Factor IX Products:
- Diagnosis of Hemophilia B
    - On-demand treatment and control of bleeding episodes
    - Routine prophylaxis to reduce the frequency of bleeding episodes
    - Perioperative management of bleeding

Off-Label Uses:
- Blood coagulation disorder – disease of liver
- Factor X deficiency; Prophylaxis
- Toxicity of drug, Anticoagulant

Age Restrictions:
N/A

Other Clinical Consideration:

N/A

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/D548C8/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/54F6A6/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=factor%20ix&UserSearchTerm=factor%20ix&SearchFilter=filterNone&navitem=searchGlobal