



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIHEMOPHILIA PRODUCTS PA SUMMARY**

Preferred	Non-Preferred
<i>Factor VIII Recombinant Products</i>	
Advate (factor VIII albumin-free recombinant, hamster murine) Helixate FS (factor VIII recombinant, hamster murine) Novoeight (factor VIII recombinant, hamster murine)	Adynovate (factor VIII recombinant, pegylated) Afstyla (factor VIII recombinant, single chain) Eloctate (factor VIII recombinant, Fc fusion protein) Kogenate FS (factor VIII recombinant, hamster murine) Kovaltry (factor VIII recombinant, hamster murine) Nuwiq (factor VIII albumin-free recombinant, human embryonic kidney) Recombinate (factor VIII recombinant, bovine hamster murine) Xyntha (factor VIII albumin-free recombinant, hamster murine)
<i>Factor IX Recombinant Products</i>	
Benefix (factor IX, recombinant, hamster)	Alprolix (factor IX recombinant, Fc fusion protein) Idelvion (factor IX recombinant, albumin fusion protein) Ixinity (factor IX recombinant, hamster) Rixubis (factor IX, recombinant, hamster)

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- ❖ Physicians administering medication in a clinic or office must bill the drug through the Medicaid physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program is located at www.mmis.georgia.gov and then log in to request a PA from Physician Services.
- ❖ Dispensing amount for all factor recombinant products must be within *three percent aggregate* of the prescribed target dose.
- ❖ Grandfathering in place at this time for all current users of non-preferred products.
- ❖ For patients receiving factor VIII or factor IX products for prophylaxis *and* breakthrough bleeding episodes, two separate prescriptions (one for prophylaxis and one for on-demand treatment) are required.

PA CRITERIA:

Non-Preferred Factor VIII Recombinant Products

- ❖ Approvable for members with a diagnosis of hemophilia A (congenital factor VIII deficiency) who have allergy/hypersensitivity, contraindication, or intolerable side effect with a preferred factor VIII product that is not anticipated to occur with the requested non-preferred factor VIII product, or



member must have had an inadequate response or developed inhibitors (antibodies) to a preferred factor VIII product.

- ❖ Requests for non-preferred factor VIII recombinant products for reasons not cited above may be submitted with a letter of medical necessity, which will be reviewed on a case-by-case basis by a healthcare professional.

Non-Preferred Factor IX Recombinant Products

- ❖ Approvable for members with a diagnosis of hemophilia B (congenital factor IX deficiency) who have allergy/hypersensitivity, contraindication, or intolerable side effect with *Benefix* that is not anticipated to occur with the requested non-preferred factor IX product, or member must have had an inadequate response or developed inhibitors (antibodies) to *Benefix*.
- ❖ Requests for non-preferred factor IX recombinant products for reasons not cited above may be submitted with a letter of medical necessity, which will be reviewed on a case-by-case basis by a healthcare professional.
- ❖ In addition for Alprolix and Idelvion for routine prophylaxis, approvable for members with a diagnosis of hemophilia B (congenital factor IX deficiency) who have allergy/hypersensitivity, contraindication, or intolerable side effect with *Rixubis* that is not anticipated to occur with *Alprolix* or *Idelvion*, or member must have had an inadequate response or developed inhibitors (antibodies) to *Rixubis*.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.