ATRIO HEALTH PLANS

Anti-Hemophilic Factor X (Human) 1IU.
Coagadex J7175
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.*

☐ **Standard Request**– **(72 Hours)**	☐ **Urgent Request** (standard time frame could place the member's life, health or ability in serious jeopardy)

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	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐ **Self-administered**   ☐ **Provider-administered**   ☐ **Home Infusion**

☐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 <u>adequate response</u> or <u>significant improvement</u> 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 X (Human)
COAGADEX

Criteria for approval of Prior Authorization Drug:
1. Prescribed for an approved FDA diagnosis (as listed below):
2. Treatment purpose (MUST choose at least one):
   a. On-demand treatment and control of bleeding episode
   b. Routine prophylaxis to reduce the frequency of bleeding episodes
   c. Perioperative management of bleeding
3. Dosing will not exceed 60 international units/kg/day.
4. 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:
N/A

Prescriber Restrictions:
N/A

Coverage Duration:
Approval will be for 12 months

FDA Indications:
Factor X (Human), Coagadex
- Hemorrhage, Perioperative for major surgery; Treatment and Prophylaxis – Mild or moderate hereditary factor X deficiency disease
- Hemorrhage, Routine; Prophylaxis - Hereditary factor X deficiency disease
- Hemorrhage - Hereditary factor X deficiency disease

Off-Label Uses:
N/A

Age Restrictions:
N/A

Other Clinical Consideration:
Maximum FDA-approved dosage: 60 international units/kg/day

Resources:
https://www.micromedexsolutions.com/micromedex2/librarian/CS/4202C9/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/609DCA/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=931624&contentSetId=100&title=Factor+X+Human&servicesTitle=Factor+X+Human&brandName=Coagadex&UserMdxSearchTerm=Coagadex&=null#