

AvMed

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-877-535-1391. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization can be delayed.

For Medicare Members: Medicare Coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Drug Requested: Hemophilia Factors (Medical)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

- ☐ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

DRUG INFORMATON: Listed below are the following HCPCS codes covered by AvMed.

Check the appropriate HCPCS code. If incomplete, authorization process may be delayed.

HCPCS CODE	DESCRIPTION
<input type="checkbox"/> J7180	Corifact® (factor XIII antihemophilic factor concentrate, human)
<input type="checkbox"/> J7182	Novoeight® (factor VIII, antihemophilic factor, recombinant)
<input type="checkbox"/> J7183	Injection, Von Willebrand factor complex (Wilate®)
<input type="checkbox"/> J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha®)

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DRUG INFORMATION: Listed below are the following HCPCS codes covered by AvMed.
Check the appropriate HCPCS code. If incomplete, authorization process may be delayed.

HCPCS CODE	DESCRIPTION
<input type="checkbox"/> J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII I.U. (Alphanate [®])
<input type="checkbox"/> J7187	Injection, Von Willebrand factor complex (Humate-P [®])
<input type="checkbox"/> J7188	Obizur (antihemophilic Factor VIII (Recombinant), Porcine Sequence)
<input type="checkbox"/> J7189	Factor VIIa (antihemophilic factor, recombinant) NovoSeven [®] RT
<input type="checkbox"/> J7190	Factor VIII (antihemophilic factor [human]) per IU: Alphanate [®] , Koate-DVI [®] , Monoclate-P [®] , Hemofil M [®]
<input type="checkbox"/> J7192	Factor VIII (antihemophilic factor, recombinant) per IU: Recombinate [®] , Kogenate FS [®] , Advate [®]
<input type="checkbox"/> J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU, AlphaNine SD [®]
<input type="checkbox"/> J7194	Factor IX, complex, per IU: Proplex T [®] , Bebulin VH [®] , Profilnine SD [®]
<input type="checkbox"/> J7195	Factor IX (antihemophilic factor, recombinant) per IU: BeneFIX [®] , Ixinity [®]
<input type="checkbox"/> J7198	Feiba [®] NF (anti-inhibitor coagulant complex)
<input type="checkbox"/> J7214	Altuviiio [™] (antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl)
<input type="checkbox"/> J7200	Rixubis [®] (factor IX, antihemophilic factor, recombinant)
<input type="checkbox"/> J7201	Alprolix [®] (factor IX, Fc fusion protein, recombinant)
<input type="checkbox"/> J7202	Idelvion [®] (factor IX, albumin fusion protein, recombinant)
<input type="checkbox"/> J7203	Rebinyon [®] (factor IX, glycopegylated antihemophilic factor, recombinant)
<input type="checkbox"/> J7204	Espercot [®] (factor VIII, glycopegylated-exci antihemophilic factor, recombinant)
<input type="checkbox"/> J7205	Eloctate [®] (factor VIII, Fc fusion protein, recombinant)
<input type="checkbox"/> J7207	Adynovate [®] (factor VIII, pegylated antihemophilic factor, recombinant)
<input type="checkbox"/> J7208	Jivi [®] (factor VIII, pegylated-auci antihemophilic factor, recombinant)
<input type="checkbox"/> J7209	Nuwiq [®] (factor VIII, antihemophilic factor, recombinant)
<input type="checkbox"/> J7210	Afstyla [®] (factor VIII, antihemophilic factor, recombinant)
<input type="checkbox"/> J7211	Kovaltry [®] (factor VIII, antihemophilic factor, recombinant)
<input type="checkbox"/> J7212	Sevenfact [®] (factor VIIa, antihemophilic factor, recombinant)

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

<input type="checkbox"/> Hemophilia A – Factor VIII Disease	ICD Code: _____
<input type="checkbox"/> Hemophilia B – Factor IX Disease	ICD Code: _____
<input type="checkbox"/> von Willebrand Disease	ICD Code: _____

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Medication being provided by: Please check applicable box below.

☐ Location/site of drug administration: _____

NPI or DEA # of administering location: _____

OR

☐ Specialty Pharmacy – Proprium Rx

For urgent reviews: Practitioner should call AvMed Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. AvMed's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****