

OPTIMA HEALTH COMMUNITY CARE (MEDICAID)

PHARMACY/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 1-844-348-3720. 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 will be delayed.

Drug Requested: **Hemophilia Factors (Medical)**

URGENT REVIEW. In checking this box, prescriber attests to the fact that by applying the standard review timeframe may seriously jeopardize the member's life, health, or ability to regain maximum function.

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 INFORMATION: Listed are the following HCPCS codes covered by Optima. Circle the appropriate HCPCS code. If incomplete, authorization will be delayed.

HCPCS Code	Description
J7180	Factor XIII (antihemophilic factor, human)
J7183	Injection, Von Willebrand factor complex
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII I.U. Alphanate®
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram
J7190	Factor VIII (antihemophilic factor [human]) per IU Alphanate®, Koate-DVI®, Monoclate-P®, Hemofil M®
J7191	Factor VIII (Antihemophilic Factor (Porcine) Hyate C-(Product has been discontinued)
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified Helixate FS®, Recombinate®, Refacto®, Kogenate FS®, Advate®
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU AlphaNine SD®, Mononine®,
J7194	Factor IX, complex, per IU Proplex T®, Bebulin VH®, Profilnine SD®
J7195	Factor IX (antihemophilic factor, recombinant) per IU BeneFIX®
J7198	Factor VIII (Autoplex T, Feiba VH)
J7199	Hemophilia clotting factor, not otherwise classified

(Continued on next page; signature page **MUST** be included with this request form)

DRUG INFORMATION: Complete **all** information below or authorization will be delayed.

Drug Form/Strength/Quantity: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

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 will be denied.

Hemophilia A – Factor VIII Disease ICD Code: _____

Hemophilia B – Factor IX Disease ICD Code: _____

von Willebrand Disease ICD Code: _____

Medication being provided by (check box below that applies):

Location/site of drug administration: _____

NPI or DEA # of administering location: _____

OR

Specialty Pharmacy - PropriumRx

*****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.****

Member Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

REVISED/UPDATED: 8/1/2017; 8/30/2017; 5/25/2018; 8/20/2018; 10/8/2018; (Reformatted) 2/5/2019; 7/23/2019