OPTIMA HEALTH COMMUNITY CARE

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. Incomplete form will delay authorization process.***

Drug Requested: Hemophilia Factors *(Medical)*

DRUG INFORMATON: Listed are the following HCPCS codes covered by Optima. Circle the appropriate HCPCS code. Incomplete information will delay authorization process.

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

Drug Form/Strength/Quantity: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ ***ICD Code, if applicable:*** _____

CLINICAL CRITERIA: Check the applicable diagnosis below. If information is NOT completed, authorization process will be delayed.

❑ Hemophilia A – Factor VIII Disease	**ICD Code:** _____
❑ Hemophilia B – Factor IX Disease	**ICD Code:** _____
❑ von Willebrand Disease	**ICD Code:** _____

(signature on next page)

***Medication being provided by** (check applicable box below):*

- ❑ **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.*

Patient 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**