PriorityHealth

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Hemlibra® (emicizumab-kxwh)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

☐ New request ☐ Continuation request

Drug product:
- ☐ Hemlibra 30 mg/mL
- ☐ Hemlibra 60 mg / 0.4 mL
- ☐ Hemlibra 105 mg / 0.7 mL
- ☐ Hemlibra 150 mg/mL

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Drug cost information

The wholesale acquisition cost for the first year of Hemlibra is $845,000 for a 65kg patient. In subsequent years, the wholesale acquisition cost is $773,000.

Precertification Requirements

Before this drug is covered, documentation must be submitted to support that the patient meets all of the following requirements:

1. Prescribed by a hematologist or other specialist
2. Prescribed for the prevention of bleeding episodes (i.e., routine prophylaxis)
3. Physician attestation that the patient is not to receive extended half-life factor VIII replacement products (e.g., Eloctate, Adynovate) for the treatment of breakthrough bleeding episodes
4. Must meet one of the following:
    a. Diagnosis of Hemophilia A with factor VIII inhibitors
    b. Diagnosis of severe Hemophilia A (endogenous factor VIII level less than 1% of normal factor VIII [< 0.01 IU/mL]) without factor VIII inhibitors AND patient is not a suitable candidate for treatment with shorter half-life Factor VIII (recombinant) products at a total weekly dose of 100 IU/kg or less (as attested by the prescribing physician with appropriate clinical rationale)

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 01/2020

Last reviewed 01/2020

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ *Hemophilia A with factor VIII inhibitors*

☐ *Severe Hemophilia A without factor VIII inhibitors*

☐ *Other – the patient's condition is:* _____

Rationale for use: _____

B. Will Hemlibra be prescribed for the prevention of bleeding episodes (i.e., routine prophylaxis)?

☐ Yes

☐ No*:Rationale for use:*_____

C. Will extended half-life factor VIII replacement products (e.g., Eloctate, Adynovate, Afstyla, Jivi) be used for the treatment of breakthrough bleeding episodes?

☐ Yes*:Rationale for use:*_____

☐ No

D. Is the patient a suitable candidate for treatment with shorter half-life Factor VIII (recombinant) products at a total weekly dose of 100 IU/kg or less?

☐ Yes*:Rationale for use:*_____

☐ No

Additional information

Note:

- Coverage of Hemlibra is limited to the FDA approved dosing of 3 mg/kg for the first 4 weeks of therapy, then 1.5 mg/kg weekly thereafter.
- Additionally, when approved, Hemlibra must be obtained from a participating Hemophilia Specialty Pharmacy as noted in Medical Policy 91569.
- Hemlibra is not covered in combination with prophylactic use of other factor VIII replacement products or bypassing agents.

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Last reviewed 01/2020