

## Hemophilia Treatment ~~(30)~~

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

### POS Abbreviations

<b>AL</b> – Age Limit	<b>DD</b> – Drug-Drug Interaction	<b>MD</b> – Maximum Dose Limit	<b>TD</b> – Therapeutic Duplication
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DS</b> – Maximum Days’ Supply Allowed	<b>PR</b> – Enrollment in a Physician-Supervised Program Required	<b>UN</b> – Drug Use Not Warranted
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit	<b>PU</b> – Prior Use of Other Medication is Required	<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	<b>QL</b> – Quantity Limit	<b>YQ</b> – Yearly Quantity Limit
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>ER</b> – Early Refill	<b>RX</b> – Specific Prescription Requirement	

#### Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

## Hemophilia Treatment (30)

### POS Edits

**DX** - Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found in the chart below.

Medication	Diagnosis Code
Advate® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Adynovate® [antihemophilic factor (recombinant), PEGylated]	D66 (Hemophilia A)
Afstyla® [antihemophilic factor (recombinant), single chain]	D66 (Hemophilia A)
Alphanate® [antihemophilic factor/von Willebrand factor complex (human)]	D66 (Hemophilia A)
	D68.0 (Von Willebrand disease)
AlphaNine® SD [coagulation factor IX (human)]	D67 (Hemophilia B)
Alprolix® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
BeneFIX® [factor IX (recombinant)]	D67 (Hemophilia B)
Coagadex®[coagulation factor X (human)]	D68.2 (Hereditary Factor X deficiency)
Corifact® [factor XIII concentrate (human)]	D68.2 (Factor XIII deficiency)
Eloctate® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Esperoct® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Feiba® NF [anti-inhibitor coagulant complex]	D66 (Hemophilia A)
	D67 (Hemophilia B)
Hemlibra® [emicizumab-kxwh]	D66 (Hemophilia A)
Hemofil-M [antihemophilic factor (human)]	D66 (Hemophilia A)
Humate-P® [antihemophilic factor/von Willebrand factor complex (human)]	D66 (Hemophilia A)
	D68.0 (Von Willebrand disease)
Idelvion® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Ixinity® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Jivi® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Koate® DVI [antihemophilic factor (human)]	D66 (Hemophilia A)

POS Edits	
Medication	Diagnosis Code
Kogenate® FS [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Kovaltry® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Mononine® [coagulation factor IX (human)]	D67 (Hemophilia B)
Novoeight® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Novoseven® RT [coagulation factor VIIa (recombinant)]	D66 (Hemophilia A)
	D67 (Hemophilia B)
	D68.2 (Factor VII deficiency)
	D69.1 (Glanzmann's thrombasthenia)
Novoseven® RT [coagulation factor VIIa (recombinant)]	D68.311 (Acquired Hemophilia)
Nuwiq® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Obizur® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Profilnine® SD [factor IX complex]	D67 (Hemophilia B)
Rebiny® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Recombinat™ [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Rixubis® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
<u>Sevenfact® [coagulation factor VIIa (recombinant)]</u>	<u>D66 (Hemophilia A)</u>
	<u>D67 (Hemophilia B)</u>
Tretten® [coagulation factor XIII A-subunit (recombinant)]	D68.2 (Factor XIII A-subunit deficiency)
Vonvendi® [von Willebrand factor (recombinant)]	D68.0 (Von Willebrand disease)
Wilate® [von Willebrand factor / coagulation factor VIII complex (human)]	D66 (Hemophilia A)
	D68.0 (Von Willebrand disease)
Xyntha® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Xyntha® Solofuse [antihemophilic factor (recombinant)]	D66 (Hemophilia A)

Revision / <u>Date</u>	<del>Date</del> <u>Implementation Date</u>
Created POS Document	February 2020
Added diagnosis requirement / <u>October 2020</u>	<del>October 2020</del> <u>January 2021</u>
Updated age for BH in POS Abbreviations chart / <u>November 2020</u>	<del>November 2020</del> <u>January 2021</u>
<u>Added Sevenfact® / April 2021</u>	<u>July 2021</u>