

MVP Health Care Medical Policy

Medicare Part B: Hemophilia Factor

Type of Policy:	Medical Therapy
Prior Approval Date:	N/A
Approval Date:	11/01/2023
Effective Date:	01/01/2024
Related Policies:	N/A

Refer to the MVP Medicare website for the Medicare Part D Formulary and Part D policies for drugs that may be covered under the Part D benefit.

Codes Requiring Retrospective Review

J7210	Injection, Factor VIII (antihemophilic factor, recombinant), Afstyla, per IU
J7179	Injection, von Willebrand factor (recombinant), Vonvendi, per IU
J7202	Injection, Factor IX albumin fusion protein (recombinant), Idelvion, per IU
J7207	Injection, Factor VIII (antihemophilic factor, recombinant), pegylated, per IU
J7209	Injection, Factor VIII (antihemophilic factor, recombinant), Nuwiq, per IU
J7182	Injection, Factor VIII (antihemophilic factor, recombinant), Novoeight, per IU
J7188	Injection, factor VIII (antihemophilic factor, recombinant), Obizur, per IU
J7175	Injection, Factor X (human), Coagadex, per IU
J7181	Factor XIII (antihemophilic factor, recombinant), Tretten, per 10 IU
J7201	Factor IX (antihemophilic factor, recombinant), Alprolix, per 1IU
J7200	Factor IX (antihemophilic factor, recombinant), Rixubis, per IU
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO
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.
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO
J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1mcg
J7190	Factor VIII (antihemophilic factor [human]) per IU
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
J7194	Factor IX, complex, per IU
J7195	Factor IX (antihemophilic factor, recombinant) per IU
J7198	Anti-inhibitor, per IU
J7199/J7203	Hemophilia clotting factor, not otherwise classified (Adynovate, Rebinyn)
J7205	Factor VIII, Fc fusion protein (recombinant), (Eloctate)
J7207	Factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU
J7211	Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
J7208	Factor VIII (antihemophilic factor, recombinant) pegylated-aucl (Jivi), 1 IU
J7170	Emicizumab injection (Hemlibra)
J7204	Factor VIII (antihemophilic factor, recombinant), Esperoct (glycopegylated-exei, per IU

Overview

FDA approved indications for Factor VII

- Von Willebrand disease
- Classic Hemophilia

FDA Approved indications for Factor IX

- Factor IX deficiency (hemophilia B, Christmas disease)
 - Bleeding in Patients with Antihemophilic Factor Inhibitors
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Indications/Criteria

Factor products listed above will be covered when medically necessary for FDA approved indications.

Utilization is subject to retrospective review in accordance with FDA approved indication(s).

Prior authorization and medical justification is required for factor products obtained or administered in other outpatient settings.

Refer to Chapter 15 Section 50.5.5 of the Medicare Benefit Policy Manual for coverage details.

Exclusions

- N/A

References

1. Medicare Benefit Policy Manual. Chapter 15. Covered Medical and Other Health Services. Section 50.5.5 Hemophilia Clotting Factors. Revised 08/03/2023.