CSL Behring

Patient Name _____

Date of Birth _____

PRIOR AUTHORIZATION CHECKLIST

for Extended Half-life Clotting Factor IX (HCPCS J7202)

Please note: Information provided is based on top payer policies and should not be considered specific to one particular plan. Criteria listed are those that major payers most often require and are not intended to be a guide for diagnosing patients. Refer to payer plan for specific authorization requirements. This worksheet does not replace payer-specific prior authorization documents that may be required for product approval.

Check all that apply

For previously untreated patient ☐ For initial authorization, reauthorization, or concurrent or retrospective review ☐

Specify if this is a(n)

Standard review ☐

Expedited/Urgent review ☐

An expedited review is needed to prevent imminent harm and/or to allow patient to regain improved function ☐

Prior authorization requests may require patient's treatment/bleed logs AND diagnosis-related medical records

The patient has maintained treatment/bleed logs for at least 6 months prior to starting the requested agent ☐

(Note: Some plans may require a submitted copy of log.)

If the historical treatment log is not available, a new log could be required for renewals.

Providers: (Some plans may require the involvement of a specialist in the area of patient's diagnosis.)

	Yes	No
The prescriber is a hematologist or a specialist in the field of hemophilia	◯	◯

Diagnosis

Hemophilia B (Hereditary Factor IX Deficiency) D67

Date of diagnosis _____

Severity of Factor IX deficiency

Severe (<1% of normal) ☐

Moderate (1-5% of normal) ☐

Mild (5-<40% of normal) ☐

Current factor level: _____ Desired factor level: _____

	Yes	No
Inhibitor status:	◯	◯

What is the requested agent prescribed for?

	Yes	No
Prophylaxis:	◯	◯
On-demand for bleeds:	◯	◯
Perioperative use:	◯	◯
Dental procedure:	◯	◯

The patient is currently bleeding AND is out of medication (immediate use need) ☐

Dosing volume

On-demand quantity per month: _____

Prophylactic quantity per month: _____

Perioperative units required: _____

Post-operative units required: _____

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Rationale for change in therapy

The current product was discontinued due to lack of efficacy ☐

The PK or trough level on current therapy was found to be sub-therapeutic ☐

The patient has a documented FDA-labeled contraindication to the current or preferred agent ☐

Patient tried specified SHL factor agent, or another agent in same drug class, for _____ exposure days ☐

List previous medication history ☐

The patient experienced the following issues with their current therapy:

- Inadequate response (low trough level) ☐
- Lack of efficacy (spontaneous bleeds) ☐
- Increased frequency in dosing of current therapy without desired effect ☐
- Diminished effectiveness over time ☐
- Intolerance (malaise) ☐
- Hypersensitivity ☐
- Poor venous access ☐
- Patient adherence/burden of current therapeutic option ☐
- Worsening of comorbid condition ☐
- Adverse event (other) _____ ☐

For renewals (reauthorizations)

Start date with extended half-life clotting Factor IX:

_____

	Yes	No
Fewer spontaneous bleeds since starting treatment:	○	○
Does the treatment log indicate improved efficacy over the previous product?	○	○

Treatment/Bleed log (6 months if available) since starting extended half-life clotting Factor IX required for renewal ☐



1-800-676-4266

The codes being provided are from a complex and evolving medical coding system. The treating physician is solely responsible for diagnosis coding and determination of the appropriate ICD-10-CM codes that describe the patient's condition and are supported by the medical record. All codes provided are for informational purposes and are not an exhaustive list. The CPT®, HCPCS, ICD-10-CM, and ICD-10-PCS codes provided are based on AMA or CMS guidelines. The billing party is solely responsible for coding of services (eg, CPT coding). Because government and other third-party payer coding requirements change periodically, please verify current coding requirements directly with the payer being billed.

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