

## hemophilia and blood disorder products

### Commercial Medical Benefit Drug Policy

#### Place of Service

Home Infusion Administration  
 Infusion Center Administration  
 Office Administration  
 Outpatient Facility Administration  
 Self-Administration

HCPCS	Long description	Products
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemlibra
J7172	Injection, marstacimab-hncq, 0.5 mg	Hympavzi
J7173	Injection, concizumab-mtci, 0.5 mg	Alhemo
J7174	Injection, fitusiran, 0.04 mg	Qfitlia
J7175	Injection, factor x, (human), 1 i.u.	Coagadex
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Fibryga
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Riastap
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	Vonvendi
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Corifact
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Tretten
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	NovoEight
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rco	Wilate
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha Xyntha Solofuse
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	Humate-P
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Obizur
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	NovoSeven
J7190	Factor viii (antihemophilic factor, human) per i.u.	Hemofil M Koate
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Advate Recombinate Kogenate FS

J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	AlphaNine SD
J7194	Factor ix, complex, per i.u.	Profilnine SD
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	BeneFIX
J7198	Anti-inhibitor, per i.u.	FEIBA
J7199	Hemophilia clotting factor, not otherwise classified	
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Rixubis
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Alprolix
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Idelvion
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Rebinyn
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Esperoct
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	Eloctate
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Adynovate
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Jivi
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Nuwiq
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Afstyla
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	Koyaltry
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	SevenFACT
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Ixinity
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Altuviio

**Condition(s) listed in policy** *(see coverage criteria for details)*

- Acquired Fibrinogen Deficiency
- Acquired Hemophilia
- Congenital Factor VII Deficiency
- Congenital Factor XIII A-Subunit Deficiency
- Congenital Factor XIII Deficiency
- Congenital Fibrinogen Deficiency
- Factor X Deficiency
- Glanzmann's Thrombasthenia
- Hemophilia A (Congenital Factor VIII Deficiency)
- Hemophilia B (Congenital Factor IX Deficiency)

- Von Willebrand Disease (VWD)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

#### **Special Instructions and Pertinent Information**

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

#### **Coverage Criteria**

**The following condition(s) require Prior Authorization/Preservice.**

##### **Acquired Fibrinogen Deficiency**

**Meets medical necessity if all the following are met:**

- Products covered: Fibryga

##### **Coverage Period:**

1 year

##### **ICD-10:**

D68.4

##### **Acquired Hemophilia**

**Meets medical necessity if all the following are met:**

- Products covered: NovoSeven

##### **Coverage Period:**

1 year

##### **ICD-10:**

D68.311

##### **Congenital Factor VII Deficiency**

**Meets medical necessity if all the following are met:**

- Products covered: NovoSeven

##### **Coverage Period:**

1 year

##### **ICD-10:**

D68.23

**Congenital Factor XIII A-Subunit Deficiency**

**Meets medical necessity if all the following are met:**

- Products covered: Tretten

**Coverage Period:**

1 year

**ICD-10:**

D68.2

**Congenital Factor XIII Deficiency**

**Meets medical necessity if all the following are met:**

- Products covered: Corifact

**Coverage Period:**

1 year

**ICD-10:**

D68.2

**Congenital Fibrinogen Deficiency**

**Meets medical necessity if all the following are met:**

- Products covered: Fibrygan, Riastap

**Coverage Period:**

1 year

**ICD-10:**

D68.2

**Factor X Deficiency**

**Meets medical necessity if all the following are met:**

- Products covered: Coagadex

**Coverage Period:**

1 year

**ICD-10:**

D68.24

**Glanzmann's Thrombasthenia**

**Meets medical necessity if all the following are met:**

- Products covered: NovoSeven

**Coverage Period:**

1 year

**ICD-10:**

D69.1

**Hemophilia A (Congenital Factor VIII Deficiency)****Meets medical necessity if all the following are met:**

- Products covered: Advate, Adynovate, Afstylia, Alhemo, Alphanate, Altuviiiio, Eloctate, Esperoct, FEIBA, Hemlibra, Hemofil M, Humate-P, Hymoviz, Jivi, Koate, Kogenate FS, Kovaltry, NovoEight, NovoSeven, Nuwix, Obizur, Qfitria, Recombinate, SevenFACT, Wilate, Xyntha, Xyntha solofuse

**Coverage Period:**

1 year

**ICD-10:**

D66

**Hemophilia B (Congenital Factor IX Deficiency)****Meets medical necessity if all the following are met:**

- Products covered: AlphaNine SD, Alhemo, Alprolix, BeneFIX, FEIBA, Hymoviz, Idelvion, Ixinity, NovoSeven, Profilnine SD, Qfitria, Rebinyn, Rixubis, SevenFACT

**Coverage Period:**

1 year

**ICD-10:**

D67

**Von Willebrand Disease (VWD)****Meets medical necessity if all the following are met:**

- Products covered: Alphanate, Humate-P, Vonvendi, Wilate

**Coverage Period:**

1 year

**ICD-10:**

D68.0

**References**

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Drugs@FDA: FDA Approved Drug Products

**Review History**

Date of Last Annual Review: 4Q2025

Changes from previous policy version:

- No clinical change following annual review

*Blue Shield of California Medication Policy to Determine Medical Necessity  
Reviewed by P&T Committee*