curative

Factor X Prior Authorization

Drug Applied:	**Coagadex**

Criteria:
Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Approval Criteria
- **A. Hereditary Factor X Deficiency** as indicated by chart notes within past 90 days
  1. Requested agent is being used for ONE of the following:
     a) Patient is currently experiencing a bleed and is out of medication and needs to receive a ONE TIME emergency supply of medication **or**
     b) Prophylaxis treatment **or**
     c) On-demand treatment to control bleeding episodes, prescriber has verified that the patient does NOT have more than 5 on-demand doses on hand **or**
     d) Perioperative management of bleeding, patient has mild (Factor X level 6-10%), moderate(Factor X level 1-5%), or severe (< 1%) hereditary Factor X deficiency **and**
  2. There is NO documentation indicating the patient will be using the requested agent in combination with an indirect or direct Factor Xa inhibitor [e.g., apixaban (Eliquis), dalteparin (Fragmin), edoxaban (Savaysa), enoxaparin (Lovenox), fondaparinux (Arixtra), rivaroxaban (Xarelto) or warfarin (Coumadin)] **and**
  3. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology)

Approval Duration:

One time emergency use OR perioperative management of bleeding: 1 time
On-demand treatment: 3 months
Prophylaxis treatment: 12 months

II. Continued Therapy Approval
- **A. Hereditary Factor X Deficiency** as indicated by chart notes within past 12 months
  1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process (if current request is for a ONE TIME emergency use or the patient ONLY has previous approval(s) for emergency use, must use Initial Evaluation) or meets the initial therapy criteria above **and**
  2. Patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days **and**

3. Patient has shown clinical benefit since starting the requested agent (i.e., less breakthrough bleeds) **and**
4. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology)

Approval Duration: 12 months

Policy Owned by: Curative PBM team