



MASSACHUSETTS

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Gene Therapies for Hemophilia B – Prior Authorization Request Form for Hemgenix® (Etranacogene dezaparvovec), #169

Medical Policy #168 Gene Therapies for Hemophilia A or B

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for Hemgenix must be submitted.
- If the patient does not meet all the criteria listed below, please submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#) explaining why an exception is justified.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

For out of network providers: Requests should still be faxed to 888-973-0726.

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>
	Distributor:

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Please check off if the patient has the following diagnosis:	
Hemophilia B with congenital Factor IX deficiency	<input type="checkbox"/>

Please check off that the patient meets <u>ALL</u> the following criteria:

1. Individual is 18 years of age or older; AND	<input type="checkbox"/>
2. Individual has severe or moderately severe hemophilia B as defined by a plasma Factor IX (FIX) activity level $\leq 2\%$, as documented by written physician attestation AND historical records OR chart; AND	<input type="checkbox"/>
3. Must currently be on factor IX therapy with greater than 150 prior exposure days to treatment; OR	<input type="checkbox"/>
4. Individual meets one of the following: a. Current or historical life-threatening hemorrhage, OR b. Repeated, serious spontaneous bleeding episodes	<input type="checkbox"/>
5. Individual does not have a history of FIX inhibitors or a positive screen results of ≥ 0.6 Bethesda Units (BU) using the Nijmegen-Bethesda assay; AND	<input type="checkbox"/>
6. Individual has received a liver health assessment including enzyme testing [alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), and total bilirubin] AND a hepatic ultrasound and elastography; AND	<input type="checkbox"/>
7. Medication is being prescribed by or in consultation with a hematologist or a prescriber who specializes in hemophilia B; AND	<input type="checkbox"/>
8. Individual does not have a history of receiving gene therapy or under consideration for treatment for another gene therapy for hemophilia B; AND	<input type="checkbox"/>
9. Individual is HIV negative or has a controlled HIV infection; AND	<input type="checkbox"/>
10. Individual does not have an active hepatitis B and/or hepatitis C infection.	<input type="checkbox"/>

HCPCS Code Description	
Codes	
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose

Providers should enter the relevant diagnosis code(s) below:

Code	Description
	<input type="checkbox"/>
	<input type="checkbox"/>

Providers should enter other relevant code(s) below:

Code	Description
	<input type="checkbox"/>
	<input type="checkbox"/>