

**UPDATES TO PRIOR AUTHORIZATION GUIDELINES
Effective October 1, 2018**

September 21, 2018

Dear Care1st and ONECare Providers and Staff:

Please note the following changes effective 10/1/2018

AHCCCS has selected CVS Specialty to be the exclusive provider of hemophilia factor/Ceprotin for all AHCCCS plan members effective 10.1.18. All prescriptions for hemophilia factor/Ceprotin must be dispensed through CVS Specialty and as a result hemophilia factor has been removed from the Medical Prior Authorization grid. Medical claims for hemophilia factor/Ceprotin for outpatient use will no longer be covered.

CVS Specialty has been coordinating with the current hemophilia providers to transition members to CVS Specialty. CVS Specialty will manage all the benefit/coverage issues and will be monitoring clinical responses to treatment. If you have any questions or issues, please contact CVS Specialty at **1-800-237-2767** (Mon to Fri 4:30 am to 6 pm MST) or CVSSpecialty.com. Pharmacists will be available for consultations 24 hours a days, seven days a week.

Hemophilia J-CODEs	DRUGS
J1680	RIASTAP SOL 1GM
J2765	CEPROTIN 500
J2766	CEPROTIN 1000
J2767	CEPROTIN 500
J2768	CEPROTIN 1000
J3590	HEMLIBRA VIA 105/0.7
J7179	Von Willebrand Factor, VONVENDI INJ 1300UNIT
J7180	Injection, Factor XIII (antihemophilic factor, human)
J7181	Injection, Factor XIIIa-subunit (recombinant)
J7182	Factor VIII (Novoeight)
J7183	Von Willebrand factor, WILATE
J7185	Factor VIII, Xyntha

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Visit our website at www.care1staz.com

Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info

Hemophilia J-CODEs	DRUGS
J7186	Factor VIII, Alphanate
J7187	Von Willebrand, Humate-P
J7188	Factor V11a, Novoseven
J7189	Factor VIIa, Novoseven RT
J7190	Factor VIII, Monoclote-P
J7192	Factor VIII Kogenate, Helixate
J7193	Factor IX, Mononine, Alphanine
J7194	Factor IX, Bebulin, Profilnine
J7195	Factor IX, Benefix
J7198	Anti-inhibitor, Feiba NF
J7200	Factor IX, Rixubis
J7201	Factor IX, Fc Fusion protein, recombinant
J7202	Factor IX, Delvion
J7205	Factor VIII, FC fusion, recombinant
J7207	Adynovate
J7209	Factor VIII, Nuwiq

The updated Guidelines are available at www.care1staz.com in the following location:

Care1st > Providers > Prior Authorization Guidelines and Criteria

Thank you!