

Criteria Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Antihemophilic Factor VIII

Non-formulary **Antihemophilic Factor VIII products** including:

- Advate
- Afsty
- Alphanate*
- Esperoct
- Hemofil M
- Humate-P*
- Jivi
- NovoEight
- Nuwiq
- Recombinate
- Xyntha

will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of hemophilia A

- AND -

- Documented treatment failure, intolerance, or contraindication to:
 - Kovaltry (1st Line)
 - Kogenate FS (2nd Line)

- OR -

- Dosage change only: patient previously met criteria and is already taking the drug.

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- Alphanate
 - Humate-P

will also be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of Von Willebrand disease