SPECIALTY GUIDELINE MANAGEMENT

COAGADEX (coagulation Factor X [human])

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Coagadex is indicated in adults and children with hereditary Factor X deficiency for:
A. Routine prophylaxis to reduce the frequency of bleeding episodes
B. On-demand treatment and control of bleeding episodes
C. Perioperative management of bleeding in patients with mild and moderate hereditary Factor X deficiency.

Limitation of Use:
Perioperative management of bleeding in major surgery in patients with severe hereditary Factor X deficiency has not been studied.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Hereditary Factor X Deficiency
A. Authorization of 12 months may be granted for prophylaxis to reduce the frequency of bleeding episodes.
B. Authorization of 12 months may be granted for on-demand treatment and control of bleeding episodes.
C. Authorization of 1 month may be granted for perioperative management of bleeding in members with mild or moderate hereditary Factor X deficiency (i.e., baseline Factor X assay level ≥ 1 %).

III. CONTINUATION OF THERAPY

A. Perioperative management of bleeding
All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

B. All other indications
Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when the member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

IV. REFERENCES