



**New Hampshire Medicaid Fee-for-Service Program  
Prior Authorization Drug Approval Form**

Hemgenix™ (etranacogene dezaparvovec-drlb)

DATE OF MEDICATION REQUEST:        /        /

**SECTION I: PATIENT INFORMATION AND MEDICATION REQUESTED**

LAST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MEDICAID ID NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GENDER: ☐ Male ☐ Female

Drug Name:

Strength:

Dosing Directions:

Length of Therapy:

**SECTION II: PRESCRIBER INFORMATION**

LAST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPECIALTY:

NPI NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PHONE NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FAX NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION III: CLINICAL HISTORY**

1. Is the prescriber a hematologist? ☐ Yes ☐ No
2. Is the patient managed by a hemophilia treatment center? ☐ Yes ☐ No
3. Does the patient have moderately severe to severe congenital factor IX deficiency, confirmed by blood coagulation testing? ☐ Yes ☐ No
4. Provide clinical information confirming patient has had one or more of the following:
  - a. Use of factor IX prophylaxis (provide therapy and dates): \_\_\_\_\_
  - b. Life-threatening hemorrhage (provide detail and dates): \_\_\_\_\_
  - c. Repeated, serious spontaneous bleeding episodes (provide detail and dates): \_\_\_\_\_

(Form continued on next page.)

Fax to DHHS; medication is administered in inpatient setting:

Phone: 1-603-271-9384

Fax: 1-603-314-8101

© 2021–2024 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

Review Date: 06/29/2023





**New Hampshire Medicaid Fee-for-Service Program  
Prior Authorization Drug Approval Form**

Hemgenix™ (etranacogene dezaparvovec-drlb)

**PATIENT LAST NAME:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**PATIENT FIRST NAME:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION III: CLINICAL HISTORY**

5. Is the patient negative for factor IX inhibitor titers on initial test or re-test? ☐ Yes ☐ No
6. Will the Factor IX activity be monitored periodically? ☐ Yes ☐ No
7. Will the patient be monitored for factor IX inhibitors if bleeding is not controlled? ☐ Yes ☐ No
8. Will the liver function be assessed after Hemgenix® dose weekly for at least 3 months? ☐ Yes ☐ No
- a. Attach copy of baseline liver function tests.
9. Does the patient have any of the following: ☐ Yes ☐ No
- Cirrhosis
  - Advanced hepatic fibrosis
  - Hepatitis B
  - Hepatitis C
  - Non-alcoholic fatty liver disease
  - Chronic alcohol consumption
  - Non-alcoholic steatohepatitis
  - Advanced age
10. Attach protocol for post-Hemgenix® monitoring.

*(Form continued on next page.)*

**Fax to DHHS; medication is administered in inpatient setting:**

**Phone:** 1-603-271-9384

**Fax:** 1-603-314-8101

© 2021–2024 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

Review Date: 06/29/2023





**New Hampshire Medicaid Fee-for-Service Program  
Prior Authorization Drug Approval Form**

Hemgenix™ (etranacogene dezaparvovec-drlb)

**PATIENT LAST NAME:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**PATIENT FIRST NAME:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION III: CLINICAL HISTORY (*Continued*)**

Please provide any additional information that would help in the decision-making process. If additional space is needed, please use a separate sheet.

---

I certify that the information provided is accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

**PRESCRIBER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Facility where infusion to be provided: \_\_\_\_\_

Medicaid Provider Number of Facility: \_\_\_\_\_

**Fax to DHHS; medication is administered in inpatient setting:**

**Phone:** 1-603-271-9384

**Fax:** 1-603-314-8101

© 2021–2024 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

Review Date: 06/29/2023

