HEMOPHILIA **RESPONSE PATHWAY FOR EMPLOYERS**

Step 1: Know the number of covered lives with hemophilia in your organization and relevant high cost claims data

- Verify diagnosis using ICD-10 codes
- Generate hemophilia related claims report using ICD-10 Codes, HCPCS J-Codes, and/or NDC Numbers

Complete List of ICD-9/10 Codes

Hemophilia Related HCPCS J-Codes and NDC Numbers

Step 2: Identify specific stop-loss deductible and check your stop loss to confirm that hemophilia is covered under the appropriate benefit plan (medical and/or pharmacy), amount of coverage, what is included, and the time frame of benefit coverage

Step 3: Review your current benefit design to determine

- Whether the network includes a Hemophilia Treatment Center (HTC) provider*
- That appropriate case management is included
- Whether the required specialty drugs are billed as a medical or pharmacy benefit
- If sufficient pharmacy provider options are available:**
  - Is the pharmacy network exclusive, narrow or open
- Whether the specialty pharmacy dispensing hemophilia clotting factor products adheres to MASAC 188 guidelines***
- If members able to choose from more than one type of health plan
  - PPO, EPO, HDHP, etc.
- If a copay accumulator adjustment program is deployed****

* CDC Hemophilia Standards

** NHF Position Statement on Specialty Pharmacy and Sole Source

*** MASAC Recommendations Regarding Standards of Service for Pharmacy Providers

**** NHF Position on Copay Accumulator Adjustment Programs

Step 4: Work with the provider as well as the PBM or specialty pharmacy to collect the following actual script data:

- What specialty drug(s) is prescribed
- The prescribed dose written as #units per kg
- Patients weight (convert to kg by dividing weight by 2.2)
- Determine target dose (#units ordered multiplied by weight in kg)
- Dosing schedule as prescribed

Products Licensed for the Treatment of Bleeding Disorders National Drug Code Directory

Step 5: Analyze specialty pharmacy performance using actual script data collected (step 4) and claims data to:

Review assay management performance retrospectively and develop prospective data requirements*

- Target dose as written compared to actual dispensed dose
- Current contracted allowable +/- over target

Dose management performance

- Ordered vs shipped oversight/reporting to confirm dispensations match shipments
- Bleed logs collected and reviewed to determine adherence and inventory on hand at the patient's home
- Auto-shipping disabled – The patient and pharmacy must have contact by phone, email or text to refill the prescription and verify doses on hand**
- All network specialty pharmacies (including HTC's) should be transparent regarding dose dispensing and reporting should occur

* MASAC Standards and Criteria for the Care of Persons with Congenital Bleeding Disorders

** MASAC – Emergency Factor Doses

Step 6: Ask plan administrator to pull all ER and hospital claims data with hemophilia as principal diagnosis (codes provided in step 1) for total cost of care analysis and identification of any potential obstacles that may be creating barriers to home management

For Further Assistance or to Learn More, Contact:
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