

MEDICAL REVIEW GUIDELINE

SevenFact Criteria for Coverage



SevenFact® [coagulation factor VIIa (recombinant)-jncw]

Effective Date: 7/1/24

Medical Care Management Committee Approval: 4/25/24

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Coverage Policy

This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures, medications and therapy. This Guideline does not address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This policy applies to the following SevenFact® [coagulation factor VIIa (recombinant)-jncw]:

HCPCS Code	Description
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram

Initial Coverage Criteria

SevenFact® [coagulation factor VIIa (recombinant)-jncw] will be considered medically necessary for members meeting ALL of the following criteria:

1. Member is greater than or equal to 12 years of age; AND
2. SevenFact is prescribed by or in consultation with a hematologist
3. Member is diagnosed with one of the following:
 - a) Hemophilia A with history of high-titer factor VIII inhibitors (≥5 Bethesda units)
 - b) Hemophilia B with history of high-titer factor IX inhibitors (≥5 Bethesda units)
4. Request is for one of the following:
 - a) Treatment and control of a bleeding episode
 - b) Perioperative bleeding management

Criteria for Continuation of Coverage

1. Meets initial coverage criteria; AND
2. Documentation of beneficial response to therapy

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Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive.

HCPCS Code	Description
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (SevenFact), 1 microgram

Diagnosis Code	Description
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia

Policy Revision History

Status	Effective Date	Description
Baseline	7/1/24	Initial version of SevenFact Review Guideline