Desirudin (Iprivask™)	**Place of Service** **Office Administration** **Home Health Administration** **Outpatient Facility Administration** **Infusion Center Administration** **Self-Administration** HCPC: J3490 NDC: 51292-0111-12

Condition listed in policy *(see criteria for details)*

- Prevention of DVT in those undergoing hip-replacement surgery

AHFS therapeutic class: Anticoagulants

Mechanism of action: Direct thrombin inhibitor

(1) Special Instructions and Pertinent Information

If member has a Prescription Benefit, please refer cases to Pharmacy Services for prior authorization.

If covered under the Medical Benefit, please submit clinical information for prior authorization review via fax. **Please include medical rationale why medication cannot be home self-administered.**

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for desirudin (Iprivask™) for conditions NOT LISTED in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for desirudin (Iprivask™) for conditions NOT LISTED in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Prevention of DVT in patients undergoing hip-replacement surgery

- BSC will cover Iprivask (desirudin) for up to 12 days (up to 24 vials) without prior authorization

ICD-10:
I82.0 – I82.499, I82.4Y1-I82.4Y9, I82.4Z1-I82.4Z9, I82.501 – I82.599, I82.5Y1-I82.5Y9, I82.5Z1-I82.5Z9, I82.601-I82.899, I82.A11-I82.C29

(4) This Medication is NOT medically necessary for the following condition(s):

Blue Shield's research indicates there is inadequate clinical evidence to support off-label use of this drug for the following conditions (Health and Safety Code 1367.21):

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

15 mg powder for injection (Single-use)

Iprivask [Desirudin for Injection] is supplied as a single dose (15.75 mg) lyophilized powder with an accompanying sterile, non-pyrogenic diluent [0.6 mL of Mannitol USP (3%) in Water for Injection].

Each vial is designed to deliver 15mg desirudin as a SC injection.

Each Iprivask Vial contains 15.75 mg desirudin and the following inactive ingredients: 1.31 mg anhydrous magnesium chloride USP, sodium hydroxide for injection USP.

Each carton of Iprivask™ [Desirudin for Injection] contains 10 individual doses of Iprivask™, each in a separate tray.

Each tray of Iprivask™ [Desirudin for Injection] contains:

- One (1) x 15.75 mg Single Dose Vial
- One (1) x 0.6 mL Prefilled syringe of Diluent
- One (1) Eclipse™ needle
- One (1) Vial Adapter

Each prefilled syringe of diluent contains 0.6 mL Mannitol USP (3% w/v) in Water for Injection provided for reconstitution of the desirudin lyophilized powder.

(6) References

- Iprivask™ Prescribing Information. Canyon Pharmaceuticals, Hunt Valley, MD. Revised 2014
- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch

(7) Policy Update

Date of last review: 1Q2018
Date of next review: 1Q2019
Changes from previous policy version:

- No change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee