PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Hemophilia and Other Clotting Disorders
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Hemophilia is the most common severe hereditary hemorrhagic disorder. Both hemophilia A and B result from factor VIII and factor IX protein deficiency or dysfunction, respectively, and is characterized by prolonged and excessive bleeding after minor trauma or sometimes even spontaneously. Hemophilia A is more common than hemophilia B, representing 80–85% of the total hemophilia population.

Hemophilia and Other Clotting Disorders will be considered for coverage when the following criteria are met:

Hemophilia A (Factor VIII Deficiency)

For **initial** authorization:

Member has diagnosis of Hemophilia A (congenital Factor VIII deficiency); AND
For Jivi, member must be 12 years of age or older; AND
Medication is being prescribed by or in consultation with a hematologist; AND
Medication will be used for applicable situations listed in Table A or for Immune Tolerance Induction (ITI); AND

For **reauthorization**:

Member's recent weight (kg), history of bleeds, number of as needed doses on hand, and inhibitor status have been provided for review; AND
Member has experienced positive clinical response from the use of factor; AND

FEIBA (anti-inhibitor coagulant complex)

For **initial** authorization:

Member has a diagnosis of Hemophilia A or B with confirmed inhibitors (FVIII titre > 0.6 BU for hemophilia A or FIX titre ≥ 0.3 BU for hemophilia B); AND
Medication is being prescribed by or in consultation with a hematologist; AND
Medication will be used in one of the following situations:
- On-demand treatment of acute bleeding episodes;
- Perioperative management of bleeding;

Dosage allowed: Per package insert.

If member meets all the requirements listed above, the medication will be approved for 30 days for perioperative management or 6 months for all other cases.

Note: Approval will be for requested dosage, but no more than +/- 5-10% of prescribed assays.

For **reauthorization**:

Member's recent weight (kg), history of bleeds, and inhibitor status (if applicable) have been provided for review; AND
Member has experienced positive clinical response from the use of factor; AND
If request is for a dosage increase, provider must submit a clinical rationale supported by chart notes.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

Sevenfact (Recombinant Factor VIIa)

For **initial** authorization:

Member is 12 years of age or older; AND

Note: Approval will be for requested dosage, but no more than +/- 5-10% of prescribed assays.

For **reauthorization**:

Member's recent weight (kg) and history of bleeds have been provided for review; AND
Member has experienced positive clinical response from the use of factor; AND
If request is for a dosage increase, provider must submit a clinical rationale supported by chart notes.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

Miscellaneous Factors - (Obizur, Coagadex, Corifact, Tretten, Fibryga, RiaSTAP)

For **initial** authorization:

For Obizur, member must be 18 years of age or older with a baseline anti-porcine factor VIII inhibitor titer less than 20 BU; AND
Member has an FDA approved indication for use as listed in Table A; AND
Medication is being prescribed by or in consultation with a hematologist; AND
Member's recent weight (kg), history of bleeds, and fibrinogen level (if available, Fibryga and RiaSTAP only) have been provided for review.
Dosage allowed: Per package insert.

If member meets all the requirements listed above, the medication will be approved for 30 days for perioperative management or 6 months for all other cases.

Note: Approval will be for requested dosage, but no more than +/- 5-10% of prescribed assays.

For **reauthorization**:

Member's recent weight (kg) and history of bleeds have been provided for review; AND
Member has experienced positive clinical response from the use of factor; AND
If request is for a dosage increase, provider must submit a clinical rationale supported by chart notes.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

Anti-Clotting Products - (ATryn, Ceprotin)

		¶ Treatment and prevention of bleeding in adults **Von Willebrand disease** ¶ Treatment of spontaneous and trauma-induced bleeding episodes ¶ Perioperative management
	Wilate	Children and adults with **von Willebrand disease** for: ¶ On-demand treatment and control of bleeding episodes ¶ Perioperative management ¶ Routine prophylaxis to reduce the frequency of bleeding episodes Adolescents and adults with **hemophilia A** for: ¶ On-demand treatment and control of bleeding episodes ¶ Routine prophylaxis to reduce the frequency of bleeding episodes

vonWillebrand
Recombinant Factor

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01/05/2024	Added severe indication for perioperative management of bleeding for Coagadex; added indication of routine prophylaxis to reduce the frequency of bleeding episodes for Wilate; updated references

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