Original Effective Date: 02/2019
Current Effective Date: 12/02/2022
Last P&T Approval/Version: 07/27/2022
Next Review Due By: 07/2023
Policy Number: C15607-A

Hemophilia and Blood Factor Products

PRODUCTS AFFECTED

Plasma Factor VIII concentrates: Hemofil M, Monoclate P**, Koate DVI(J7190)

Recombinant Factor VIII concentrates: Advate, Helixate FS**, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Obizur, Recombinate, Xyntha

Prolonged Half-Life Recombinant Factor VIII concentrates: Adynovate, Afstyla, Eloctate

Human Plasma-Derived Factor VIII Concentrates that Contain Von Willebrand Factor: Alphanate, Humate P, Wilate

Plasma Factor IX concentrates: Alphanine SD (J1793), Mononine(J1793), Profilnine SD (J7194), Bebulin

Recombinant Factor IX concentrates: Rixubis, Benefix, Ixinity

Prolonged Half-life Recombinant Factor IX concentrates: Rebinyn, Alprolix, Idelvion

Coagulation Factor X (Plasma-derived) agent: Coagadex

Factor XIII Concentrate (Recombinant) agent: Tretten

Factor XIII Concentrate (Plasma-derived) agent: Corifact

Coagulation Factor VIIa (Recombinant) agent: NovoSeven RT

(J7189) *Anti-inhibitor Coagulant Complex (Plasma-derived) agent:*

FEIBA NF *Von Willebrand factor (Recombinant) agent:* Vonvendi

Antihemophilic Agent- Monoclonal Antibody: Hemlibra (emicizumab)

**Monoclate-P and Helixate FS are no longer manufactured and will only be available through early 2019 according to CSL Behring, the manufacturer.*

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.
This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Control and prevention of Hemophilia A hemorrhage, control and prevention of Hemophilia B hemorrhage, hemorrhage in von Willebrand disorder, treatment of hemorrhage in congenital fibrinogen deficiency, acquired factor VIII deficiency disease, congenital factor VII deficiency, Glanzmann's thrombasthenia, hemophilia, with inhibitors to Factor VIII or Factor IX
OBIZUR ONLY: routine prophylaxis in Hemophilia A, surgical procedure prophylaxis in Hemophilia A, control of hemorrhage in Hemophilia

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case- by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review.

A. FOR ALL INDICATIONS:
1. Documentation of member diagnosis, requested factor product, requested dose and frequency [DOCUMENTATION REQUIRED of member treatment plan which should include the plan for type of bleed and need or prophylaxis if applicable]
   AND
2. Prescriber is requesting a factor product that is in accordance with the products FDA- approved labeling, nationally recognized compendia, and/or evidence-based practice guidelines for member's diagnosis and dosing being prescribed
   AND
3. Prescriber attests to counseling member and/or caregiver that a treatment log, documenting at least 6 months of bleeds prior to starting the requested agent, and which includes ALL of the following must be maintained and a copy will be submitted (via prescriber or pharmacy) for renewal purposes: Date and time of the bleed, location and severity of the bleed, how quickly the bleed was treated, treatment used (include name, expiration date, lot number, number of units administered), any additional steps taken to manage the bleed (pain medication, ice pack, compression bandages,

etc.), level of pain. For infusions not in response to a bleed, record the date and time of the infusion, treatment used (include name, expiration date, lot number, number of units administered), and reason for the infusion (scheduled prophylaxis, pre-surgery, etc.)
*Note if a historical bleed log is unavailable, a new log must be started and submitted for renewal
AND

4. FOR HEMLIBRA ONLY:
   (a)(i) Documentation member has a diagnosis of hemophilia A and has developed high-titer factor VIII inhibitors (≥ 5 Bethesda units [BU]) AND Hemlibra (emicizumab) is being prescribed for the prevention of bleeding episodes (i.e., routine prophylaxis)
   OR
   (ii) Documentation member has a diagnosis of hemophilia A and any ONE of the following: (1) prescriber has determined that the member has had an adequate trial and failed to be sufficiently controlled on prophylaxis with a Factor VIII clotting factor agent, (2) member is under 2 years of age, (3) member has poor venous access, (4) member failed to achieve an adequate trough level while on clinically optimal dose and frequency of a Factor VIII clotting factor agent OR (5) member has a documented intolerance, FDA labeled contraindication, or hypersensitivity to prophylaxis with a Factor VIII clotting factor agent.
   NOTE: per MASAC #259- Recombinant factor VIII products are the recommended treatment of choice for patients with hemophilia A
   AND
   (b) Documentation of member's current weight (within last 30 days) is provided
   AND
5. IF THIS IS A NON-FORMULARY/NON-PREFERRED PRODUCT (excluding Hemlibra): Documentation of trial/failure of or intolerance to a majority (not more than 3) of the preferred formulary alternatives for the given diagnosis. Submit documentation including medication(s) tried, dates of trial(s) and reason for treatment failure(s).

CONTINUATION OF THERAPY:

A. FOR ALL INDICATIONS:

1. Prescriber attests that member is currently receiving a positive therapeutic outcome on requested agent
   AND
2. Prescriber attests to or clinical reviewer has found an absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: symptoms of allergic-anaphylactic reactions (anaphylaxis, dyspnea, rash); thromboembolic events (thromboembolism, pulmonary embolism); and development of neutralizing antibodies (inhibitors)
   AND
3. Prescriber attests to counseling member and/or caregiver that a treatment log, documenting at least 6 months of bleeds, and which includes ALL of the following must be maintained and a copy will be submitted (via prescriber or pharmacy) for renewal purposes: Date and time of the bleed, location and severity of the bleed, how quickly the bleed was treated, treatment used (include name, expiration date, lot number, number of units administered), any additional steps taken to manage the bleed (pain medication, ice pack, compression bandages, etc.), level of pain. For infusions not in response to a bleed, record the date and time of the infusion, treatment used (include name, expiration date, lot number, number of units administered), and reason for the infusion (scheduled prophylaxis, pre-surgery, etc.)
   AND
4. Any increases in dose must be supported by an acceptable clinical rationale (i.e., weight gain, half-life study results, increase in breakthrough bleeding when patient is fully adherent to therapy, etc.) [DOCUMENTATION REQUIRED]

DURATION OF APPROVAL:

Initial authorization: 3 months, Continuation of therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a hematologist or specialist at a Hemophilia treatment center. [If

prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests] Search Directory (cdc.gov) - Directory

AGE RESTRICTIONS:
None

QUANTITY:
No requirements
NOTE: Prescriber or provider should verify the current number of doses (number for prophylaxis therapy, if applicable and number allotted for PRN bleeds) in member's home. Per MASAC guideline # 242 for those on prophylaxis, a minimum of one major dose and two minor doses should be available in addition to the prophylactic doses utilized MONTHLY.

PLACE OF ADMINISTRATION:
The recommendation is that infused medications in this policy will be for pharmacy or medical benefit coverage administered in a place of service that is a non-hospital facility-based location as per the Molina Health Care Site of Care program.

The recommendation is that injectable medications in this policy will be for pharmacy or medical benefit coverage and the SC injectable products administered in a place of service that is a non-hospital facility-based location as per the Molina Health Care Site of Care program.

Note: Site of Care Utilization Management Policy applies for Hemophilia and Blood Factor Products. For information on site of care, see
Specialty Medication Administration Site of Care Coverage Criteria (molinamarketplace.com)

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intravenous, Subcutaneous (Hemlibra ONLY)

DRUG CLASS:
Antihemophilic Products

FDA-APPROVED USES:
Refer to product labeling for specific product indications
Control and prevention of Hemophilia A hemorrhage, control, and prevention of Hemophilia B hemorrhage, hemorrhage in von Willebrand disorder, treatment of hemorrhage in congenital fibrinogen deficiency, acquired factor VIII deficiency disease, congenital factor VII deficiency, Glanzmann's thrombasthenia, hemophilia, with inhibitors to Factor VIII or FactorIX OBIZUR ONLY: routine prophylaxis in Hemophilia A, surgical procedure prophylaxis in Hemophilia A,control of hemorrhage in Hemophilia A

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Hemophilia and von Willebrand's disease are the most common congenital bleeding disorders.

Drug and Biologic Coverage Criteria

The two main types of hemophilia are A and B. Hemophilia A (classic hemophilia) has low levels of clotting factor VIII, or antihemophilic factor (AHF). Hemophilia B (Christmas disease) has low levels of clotting factor IX. AHF is an endogenous glycoprotein necessary for blood clotting and hemostasis. It is a cofactor that is necessary for factor IX to activate factor X in the intrinsic pathway. The main treatment for hemophilia is replacement of clotting factor VIII (for hemophilia A) or clotting factor IX (for hemophilia B). Administration of clotting factors is indicated for hemophilia when a bleeding episode arises (demand treatment) or when bleeding is anticipated or likely (prophylactic treatment).

Hemophilia A and B are classified as mild, moderate, or severe, depending on the amount of clotting factor VIII or IX in the blood.

Mild hemophilia: 5 – 40 percent of normal clotting factor

Moderate hemophilia: 1 – 5 percent of normal clotting factor

Severe hemophilia: Less than 1 percent of normal clotting factor

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Hemophilia and Blood Factor Products are considered experimental/investigational and therefore, will follow Molina's Off-Label policy.

OTHER SPECIAL CONSIDERATIONS:

None

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
J7193	Alphanine Sd - Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
J7193	Mononine Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
J7194	Profilnine Factor ix, complex, per i.u
J7194	Profilnine Sd Factor ix, complex, per i.u.
J7189	Novoseven Rt Factor viia (antihemophilic factor, recombinant), per1 microgram
J7190	Koate-dvi Factor viii (antihemophilic factor, human) per i.u.
J7192	Recombinate Factor viii (antihemophilic factor, recombinant) peri.u., NOS
J7192	Helixate Fs Factor viii (antihemophilic factor, recombinant) peri.u., NOS
J7192	Kogenate Fs Factor viii (antihemophilic factor, recombinant) peri.u., NOS
J7192	Advate Factor viii (antihemophilic factor, recombinant) peri.u., NOS
J7199	Jivi Hemophilia clotting factor, not otherwise classified
J7203	Rebinyn Inj factor ix, (antihemophilic factor, recom),glycopegylated,1 iu
J7186	Alphanate/vwfInj, antihemophilic factor viii/vWF complex (human), per factorviii IU.
J7195	Ixinity Injection, factor ix (antihemophilic factor, recombinant) periu, NOC
J7195	Rebinyn Injection, factor ix (antihemophilic factor, recombinant) periu, NOC

Drug and Biologic Coverage Criteria

J7200	Rixubis injection, factor ix, (antihemophilic factor, recombinant), rixubis,per iu
J7202	Idelvion Injection, factor ix, albumin fusion protein, (recombinant), idelvion,1 i.u.
J7201	Alprolix Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.
J7185	Xyntha Injection, factor viii (antihemophilic factor, recombinant), per i.u.
J7188	Obizur Injection, factor viii (antihemophilic factor, recombinant), , per i.u.
J7205	Eloctate Injection, factor viii fc fusion protein (recombinant),per iu
J7210	Afstyla Injection, factor viii, (antihemophilic factor, recombinant),1 i.u.
J7211	Kovaltry Injection, factor viii, (antihemophilic factor, recombinant),1 i.u.
J7182	Novoeight Injection, factor viii, (antihemophilic factor, recombinant),per iu
J7209	Nuwiq Injection, factor viii, (antihemophilic factor, recombinant),1 i.u.
J7207	Adynovate Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
C9141	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, 1 i.u.
J7175	Coagadex Injection, factor x, (human), 1 i.u
J7183	Wilate Injection, von willebrand factor complex (human), wilate, 1i.u. vwf:rco
J7187	Humate-pInjection, von willebrand factor complex (humate-p), periu vwf:rco
J7170	Hemlibra Injection, emicizumab-kxwh, 0.5 mg

AVAILABLE DOSAGE FORMS:

Advate SOLR 1000unit
Advate SOLR 1500unit
Advate SOLR 2000unit
Advate SOLR 2500unit
Advate SOLR 250unit
Advate SOLR 3000unit
Advate SOLR 4000unit
Advate SOLR 500unit
Adynovate SOLR 1000unit
Adynovate SOLR 1500unit
Adynovate SOLR 2000unit
Adynovate SOLR 250unit
Adynovate SOLR 3000unit
Adynovate SOLR 500unit
Adynovate SOLR 750unit
Afstyla KIT 1000unit
Afstyla KIT 1500unit
Afstyla KIT 2000unit
Afstyla KIT 2500unit
Afstyla KIT 250unit
Afstyla KIT 3000unit
Afstyla KIT 500unit
Alphanate/VWF Complex/Human SOLR 1000unit
Alphanate/VWF Complex/Human SOLR 1500unit
Alphanate/VWF Complex/Human SOLR 2000unit
Alphanate/VWF Complex/Human SOLR 250unit
Alphanate/VWF Complex/Human SOLR 500unit
AlphaNine SD SOLR 1000unit AlphaNine SD SOLR 1500unit AlphaNine SD SOLR 500unit Alprolix SOLR 1000unit Alprolix SOLR 2000unit Alprolix SOLR 250unit Alprolix SOLR 3000unit Alprolix SOLR 4000unit Alprolix SOLR 500unit BeneFIX KIT 1000unit BeneFIX KIT 2000unit BeneFIX KIT 250unit BeneFIX KIT 3000unit BeneFIX KIT 500unit
Coagadex SOLR 250unit, 500unit
Corifact KIT 1000-1600unit
Eloctate SOLR 1000unit
Eloctate SOLR 1500unit
Eloctate SOLR 2000unit
Eloctate SOLR 250unit
Eloctate SOLR 3000unit
Eloctate SOLR 4000unit
Eloctate SOLR 5000unit
Eloctate SOLR 500unit
Eloctate SOLR 6000unit
Eloctate SOLR 750unit
Feiba SOLR 1000unit
Feiba SOLR 2500unit
Feiba SOLR 500unit
Fibryga SOLR
Helixate FS KIT 1000unit
Helixate FS KIT 2000unit
Helixate FS KIT 250unit
Helixate FS KIT 3000unit
Helixate FS KIT 500unit
Hemlibra SOLN 105mg/0.7ml
Hemlibra SOLN 150mg/ml
Hemlibra SOLN 30mg/ml
Hemlibra SOLN 60mg/0.4ml
Hemofil M SOLR 1000unit
Hemofil M SOLR 1700unit
Hemofil M SOLR 250unit
Hemofil M SOLR 500unit
Humate-P SOLR 1000-2400unit
Humate-P SOLR 250-600unit
Humate-P SOLR 500-1200unit
Idelvion SOLR 1000unit
Idelvion SOLR 2000unit
Idelvion SOLR 250unit
Idelvion SOLR 3500unit
Idelvion SOLR 500unit
Ixinity SOLR 1000unit
Ixinity SOLR 1500unit
Ixinity SOLR 2000unit
Ixinity SOLR 250unit
Ixinity SOLR 3000unit
Ixinity SOLR 500unit
Jivi SOLR 1000unit
Jivi SOLR 2000unit
Jivi SOLR 3000unit
Jivi SOLR 500unit
Koate SOLR 1000unit
Koate SOLR 250unit
Koate SOLR 500unit
Koate-DVI SOLR 1000unit
Koate-DVI SOLR 250unit
Koate-DVI SOLR 500unit
Kogenate FS Bio-Set KIT 1000unit
Kogenate FS Bio-Set KIT 2000unit
Kogenate FS Bio-Set KIT 250unit
Kogenate FS Bio-Set KIT 3000unit

Drug and Biologic Coverage Criteria

Kogenate FS Bio-Set KIT 500unit
Kogenate FS KIT 1000unit
Kogenate FS KIT 2000unit
Kogenate FS KIT 250unit
Kogenate FS KIT 3000unit
Kogenate FS KIT 500unit
Kovaltry SOLR 1000unit
Kovaltry SOLR 2000unit
Kovaltry SOLR 250unit
Kovaltry SOLR 3000unit
Kovaltry SOLR 500unit
Mononine SOLR 1000unit
Novoeight SOLR 1000unit
Novoeight SOLR 1500unit
Novoeight SOLR 2000unit
Novoeight SOLR 250unit
Novoeight SOLR 3000unit
Novoeight SOLR 500unit
NovoSeven RT SOLR 1mg
NovoSeven RT SOLR 2mg
NovoSeven RT SOLR 5mg
NovoSeven RT SOLR 8mg
Nuwiq KIT 1000unit
Nuwiq KIT 2000unit
Nuwiq KIT 2500unit
Nuwiq KIT 250unit
Nuwiq KIT 3000unit
Nuwiq KIT 4000unit
Nuwiq KIT 500unit
Nuwiq SOLR 1000unit
Nuwiq SOLR 2000unit
Nuwiq SOLR 2500unit
Nuwiq SOLR 250unit
Nuwiq SOLR 3000unit
Nuwiq SOLR 4000unit
Nuwiq SOLR 500unit
Obizur SOLR 500unit
Profilnine SD SOLR 1000unit
Profilnine SD SOLR 1500unit
Profilnine SD SOLR 500unit
Profilnine SOLR 1000unit
Profilnine SOLR 1500unit
Profilnine SOLR 500unit
Rebinyn SOLR 1000unit
Rebinyn SOLR 2000unit
Rebinyn SOLR 500unit
Recombinate SOLR 1241-1800unit
Recombinate SOLR 1801-2400unit
Recombinate SOLR 220-400unit
Recombinate SOLR 401-800unit
Recombinate SOLR 801-1240unit
RiaSTAP SOLR
Rixubis SOLR 1000unit
Rixubis SOLR 2000unit
Rixubis SOLR 250unit
Rixubis SOLR 3000unit
Rixubis SOLR 500unit
Tretten SOLR 2000-3125unit
Vonvendi SOLR 1300unit
Vonvendi SOLR 650unit
Wilate KIT 1000-1000unit
Wilate KIT 500-500unit
Xyntha KIT 1000unit
Xyntha KIT 2000unit
Xyntha KIT 250unit
Xyntha KIT 500unit
Xyntha Solufuse 1000unit
Xyntha Solufuse 2000unit
Xyntha Solufuse 3000unit
Xyntha Solufuse 500unit
Xyntha Solufuse KIT 250unit

REFERENCES

1. Advate (antihemophilic factor [recombinant]) [prescribing information]. Westlake Village,CA:Baxalta US Inc; December 2018
2. Afstyla (antihemophilic factor [recombinant]) [prescribing information]. Kankakee, IL:CSLBehring LLC; April 2021
3. Adynovate [package insert]. Westlake Village, CA: Baxalta US Inc.; June 2021
4. Eloctate [package insert]. Cambridge, MA: Biogen Idec Inc.; December 2020
5. Helixate FS [package insert]. Whippany, NJ: Bayer HealthCare LLC; May 2016.
6. Kogenate FS [package insert]. Whippany, NJ: Bayer HealthCare LLC; December 2019
7. Kogenate FS with BIO-SET [package insert]. Whippany, NJ: Bayer HealthCare LLC; December 2019
8. Kogenate FS with Vial Adapter [package insert]. Whippany, NJ: Bayer HealthCare LLC; December 2019
9. Hemlibra (emicizumab-kxwh) [prescribing information]. South San Francisco, CA: GenentechInc; December 2021
10. Kovaltry [package insert]. Whippany, NJ: Bayer Healthcare LLC; March October 2021
11. Novoeight [package insert]. Plainsboro, NJ: Novo Nordisk Inc., July 2020
12. Nuwiq [packa 20.Peyvandi F, Garagiola I, Young G. The past and future of haemophilia:diagnosis, treatments, and its complications. Lancet 2016; 388:187.
13. Xyntha (antihemophilic factor [recombinant]) [prescribing information]. Philadelphia, PA: WyethPharmaceuticals Inc; August 2020
14. BeneFix (coagulation factor IX [recombinant]) [prescribing information]. Philadelphia, PA: WyethPharmaceuticals; September 2021
15. Rixubis (coagulation factor IX [recombinant]) [prescribing information]. WestlakeVillage,CA:Baxalta US Inc; June 2020
16. Zonovate (antihemophilic factor [recombinant]) [product monograph]. Mississauga,Ontario,Canada: Novo Nordisk Canada Inc; April 2021
17. Recombinate (antihemophilic factor [recombinant]) [prescribinginformation].WestlakeVillage, CA: Baxalta US; March 2017
18. Alprolix (coagulation factor IX [recombinant]) [prescribing information]. Cambridge, MA: Biogen Idec; October 2020
19. NovoSeven RT (factor VIIa) [prescribing information]. Plainsboro, NJ: Novo Nordisk; July 2020
20. Berntorp E, Shapiro AD. Modern haemophiliacare. Lancet 2012;379:1447. ge insert]. Hoboken, NJ: Octapharma USA, Inc., September 2015.
21. Oldenburg J. Optimal treatment strategies for hemophilia: achievements and limitations of current prophylactic regimens. Blood2015; 125:2038. https://www.hemophilia.org/Researchers-Healthcare-Providers/Medical-and-Scientific-Advisory-Council-MASAC/MASAC-Recommendations/MASAC-Recommendations-Concerning-Products-Licensed-for-the- Treatment-of-Hemophilia-and- Other-Bleeding-Disorders (Accessed on December 21,2016).
22. Srivastava A, Brewer AK, Mauser-Bunschoten EP, et al. Guidelines for the management of hemophilia. Haemophilia 2013; 19:e1.
23. Medical and Scientific Advisory Council (MASAC) MASAC #253 MASAC Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Other Bleeding Disorders. April 2018.
24. National Hemophilia Foundation. Steps for Living. 2022. Treatment Logs. [online] Available at: <https://stepsforliving.hemophilia.org/basics-of-bleeding-disorders/treatment-basics/treatment-logs> [Accessed 22 June 2022].

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Quantity Available Dosage Forms References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file