

STANDARD MEDICARE PART B MANAGEMENT

OBIZUR (antihemophilic factor [recombinant], porcine sequence)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Obizur is indicated for the on-demand treatment and control of bleeding episodes in adults with acquired hemophilia A.

Limitations of Use:

- A. Safety and efficacy of Obizur has not been established in patients with a baseline anti-porcine factor VIII inhibitor titer of greater than 20 BU.
- B. Obizur is not indicated for the treatment of von Willebrand disease.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

Acquired hemophilia A

Authorization of 1 month may be granted for treatment of acquired hemophilia A.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:

1. The prescribing information for Obizur.
2. The available compendium
 - a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
 - b. Micromedex DrugDex
 - c. American Hospital Formulary Service- Drug Information (AHFS-DI)
 - d. Lexi-Drugs
 - e. Clinical Pharmacology
3. MASAC Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Selected Disorders of the Coagulation System.

Reference number(s)
4850-A

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Obizur are covered.

V. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

VI. REFERENCES

1. Obizur [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A., Inc.; March 2023.
2. National Hemophilia Foundation. MASAC Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Selected Disorders of the Coagulation System. Revised August 2023. MASAC Document #280. <https://www.hemophilia.org/sites/default/files/document/files/MASAC-Products-Licensed.pdf>. Accessed December 8, 2023.
3. Gomperts E. Recombinant B domain deleted porcine factor VIII for the treatment of bleeding episodes in adults with acquired hemophilia A. *Expert Review of Hematology*. 2015 Aug;8(4):427-32.