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## SPECIALTY GUIDELINE MANAGEMENT

### FACTOR VIII CONCENTRATES

#### 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.

**Table: Factor VIII Concentrates and Covered Uses**

Brand	Generic	FDA-Approved Indication(s)	Compendial Indication(s)
<b><i>Recombinant Factor VIII Concentrates</i></b>			
<b>Advate</b>	antihemophilic factor [recombinant]	Hemophilia A	Acquired Hemophilia A
<b>Afstyla</b>	antihemophilic factor [recombinant], single chain	Hemophilia A	
<b>Kogenate FS</b>	antihemophilic factor [recombinant]	Hemophilia A	Acquired Hemophilia A
<b>Kovaltry</b>	antihemophilic factor [recombinant]	Hemophilia A	
<b>Novoeight</b>	antihemophilic factor [recombinant]	Hemophilia A	Acquired Hemophilia A
<b>Nuwiq</b>	antihemophilic factor [recombinant]	Hemophilia A	
<b>Recombinate</b>	antihemophilic factor [recombinant]	Hemophilia A	Acquired Hemophilia A
<b>Xyntha</b>	antihemophilic factor [recombinant]	Hemophilia A	Acquired Hemophilia A
<b><i>Extended Half-life Recombinant Factor VIII Concentrates</i></b>			
<b>Adynovate</b>	antihemophilic factor [recombinant], PEGylated	Hemophilia A	
<b>Altuviio</b>	antihemophilic factor [recombinant], Fc-VWF-XTEN fusion protein-ehtl	Hemophilia A	
<b>Eloctate</b>	antihemophilic factor [recombinant], Fc fusion protein	Hemophilia A	
<b>Jivi</b>	antihemophilic factor [recombinant], PEGylated-aucl	Hemophilia A	
<b>Esperoct</b>	antihemophilic factor [recombinant], Glycopegylated-exei	Hemophilia A	
<b><i>Human Plasma-Derived Factor VIII Concentrate</i></b>			
<b>Hemofil M</b>	antihemophilic factor [human] monoclonal antibody purified	Hemophilia A	Acquired Hemophilia A
<b><i>Human Plasma-Derived Factor VIII Concentrates That Contain Von Willebrand Factor</i></b>			

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<b>Alphanate</b>	antihemophilic factor/von Willebrand factor complex [human]	Hemophilia A, von Willebrand Disease	Acquired Hemophilia A, Acquired von Willebrand Syndrome
<b>Humate-P</b>			
<b>Koate</b>	antihemophilic factor [human]	Hemophilia A	Acquired Hemophilia A, von Willebrand Disease

All other indications are considered experimental/investigational and not medically necessary.

## II. PRESCRIBER SPECIALTIES

Must be prescribed by or in consultation with a hematologist.

## III. CRITERIA FOR INITIAL APPROVAL

### A. Hemophilia A

Authorization of 12 months of Advate, Adynovate, Afstyla, Alphanate, Altuviiiio, Eloctate, Esperoct, Hemofil M, Humate-P, Koate, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate, or Xyntha may be granted for treatment of hemophilia A when either of the following criteria is met:

1. Member has mild disease (see Appendix A) and has had an insufficient response to desmopressin or a documented clinical reason for not using desmopressin (see Appendix B).
2. Member has moderate or severe disease (see Appendix A).

Authorization of 12 months of Jivi may be granted for treatment of hemophilia A when BOTH of the following criteria are met:

1. Member has previously received treatment for hemophilia A with a factor VIII product.
2. Member is  $\geq$  12 years of age.

### B. Von Willebrand Disease (VWD)

Authorization of 12 months of Alphanate, Humate-P, or Koate may be granted for treatment of VWD when any of the following criteria is met:

1. Member has type 1, 2A, 2M, or 2N VWD and has had an insufficient response to desmopressin or a documented clinical reason for not using desmopressin (see Appendix B).
2. Member has type 2B or type 3 VWD.

### C. Acquired Hemophilia A

Authorization of 12 months of Advate, Alphanate, Hemofil M, Humate-P, Koate, Kogenate FS, Novoeight, Recombinate, or Xyntha may be granted for treatment of acquired hemophilia A.

### D. Acquired von Willebrand Syndrome

Authorization of 12 months of Alphanate or Humate-P may be granted for treatment of acquired von Willebrand syndrome.

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#### IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when the member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

#### V. APPENDICES

##### Appendix A: Classification of Hemophilia by Clotting Factor Level (% Activity) and Bleeding Episodes

Severity	Clotting Factor Level % activity*	Bleeding Episodes
Severe	<1%	Spontaneous bleeding episodes, predominantly into joints and muscles Severe bleeding with trauma, injury or surgery
Moderate	1% to 5%	Occasional spontaneous bleeding episodes Severe bleeding with trauma, injury or surgery
Mild	6% to 40%	Severe bleeding with serious injury, trauma or surgery

\*Factor assay levels are required to determine the diagnosis and are of value in monitoring treatment response.

##### Appendix B: Clinical Reasons For Not Utilizing Desmopressin in Patients with Hemophilia A and Type 1, 2A, 2M and 2N VWD

- A. Age < 2 years
- B. Pregnancy
- C. Fluid/electrolyte imbalance
- D. High risk for cardiovascular or cerebrovascular disease (especially the elderly)
- E. Predisposition to thrombus formation
- F. Trauma requiring surgery
- G. Life-threatening bleed
- H. Contraindication or intolerance to desmopressin
- I. Severe type 1 von Willebrand disease
- J. Stimiq Nasal Spray is unavailable due to backorder/shortage issues (where applicable)

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