

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	✓	Medical Benefit	Medicare Part B	Reference # 5605-D
Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)		Medical: Advanced Biosimilars First	Medicare Part B: Biosimilars First	
Preferred Drug Plan Design (PDPD)	Aetna Health Exchange (AHE)	VF Chart (VFC)		Medical Benefit: Managed Medicaid	Medicare Part B: Advanced Biosimilars First	
Advanced Control Specialty (ACSF)	IVL	New to Market (NTM)		Medical Benefit: Add-on		
Advanced Control Specialty – Choice (ACSCF)	Value (VF)					

EXCEPTIONS CRITERIA FACTOR VIII LONG-ACTING PRODUCTS

PREFERRED PRODUCTS: ADYNOVATE, ELOCTATE, AND JIVI

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the Factor VIII long-acting products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Factor VIII Products

	Product(s)
Preferred*	<ul style="list-style-type: none"> • Adynovate (antihemophilic factor [recombinant], PEGylated) • Eloctate (antihemophilic factor [recombinant], Fc fusion protein) • Jivi (antihemophilic factor [recombinant], PEGylated-aucl)
Targeted	<ul style="list-style-type: none"> • Esperoct (antihemophilic factor [recombinant] glycopegylated-exei)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

Coverage for a targeted product is provided when any of the following criteria are met:

- A. Member is currently receiving treatment with a targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer’s patient assistance programs.
- B. Member has a documented inadequate response or intolerable adverse event with 3 of the preferred products.
- C. Member is less than 12 years of age and has a documented inadequate response or intolerable adverse event with both Adynovate and Eloctate.

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Advanced Control Specialty (ACSF)	IVL	New to Market (NTM)		Medical Benefit: Add-on	
Advanced Control Specialty – Choice (ACSCF)	Value (VF)				

Reference #
5605-D

REFERENCES

1. Adynovate [package insert]. Westlake Village, CA: Baxalta US Inc.; August 2023.
2. Eloctate [package insert]. Cambridge, MA: Biogen Idec Inc.; May 2023.
3. Jivi [package insert]. Whippany, NJ: Bayer HealthCare LLC; August 2018.
4. Esperoct [package insert]. Novo Nordic Inc.; August 2022.