Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 02/13/2025

Hemophilia Class Policy

HCPCS: Multiple

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. Factor VIII products
      i. Diagnosis of hemophilia A, established by or in consultation with a hematologist
      AND
      ii. The requested dose and frequency are within the limits detailed in Table 1 (reflecting FDA labeled dosing) OR the provider has documented clinical reasoning for higher dosing
      AND
      iii. Patient weight, age, history of bleeds (both spontaneous and trauma) and inhibitor status- testing has been completed within the last 12 months and provided to plan
      AND
      iv. Medication is dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome based results (ie: hemophilia treatment centers)
   b. Factor IX products
      i. Diagnosis of hemophilia B, established by or in consultation with a hematologist
      AND
      ii. The requested dose and frequency are within the limits detailed in Table 1 (reflecting FDA labeled dosing) OR the provider has documented clinical reasoning for higher dosing
      AND
      iii. Patient weight, age, history of bleeds (both spontaneous and trauma) and inhibitor status- testing has been completed within the last 12 months and provided to plan
      AND
      iv. Medication is dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome based results (ie: hemophilia treatment centers)
   c. Hemlibra®
      i. For prophylaxis of bleeding episodes in patients diagnosed with congenital hemophilia A with inhibitors
         a) Prescribed and dispensed by a specialist that works in a hemophilia treatment center
         b) Documentation of a historical or current high titer for factor VIII inhibitors measuring > 5 Bethesda Units per milliliter (BU/mL)
         c) Will not be used in combination with Immune Tolerance Induction (ITI)

d) Medication is dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome based results (ie: hemophilia treatment centers)

ii. For prophylaxis of spontaneous bleeding episodes in patients diagnosed with congenital hemophilia A without inhibitors
   a) Prescribed and dispensed by a specialist that works in a hemophilia treatment center
   b) Documentation of severe hemophilia A with factor VIII level <1% OR moderate hemophilia A with factor VIII level between 1%-5%
   c) Documentation of optimally dosed prophylactic factor VIII product is ineffective for the prevention of spontaneous bleeding events (such as: continuing to have bleeding events or arthroscopic changes within a target joint)
   d) Documentation of the number of bleeds experienced within the past 12 months
   e) Medication is dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome based results (ie: hemophilia treatment centers)

d. Hympavzi™
   i. Hemophilia A
      a) For prophylaxis of spontaneous bleeding episodes in patients diagnosed with congenital hemophila A without inhibitors
      b) Prescribed and dispensed by a specialist that works in a hemophilia treatment center
      c) Documentation of severe hemophilia A with factor VIII level <1% OR moderate hemophilia A with factor VIII level between 1%-5%
      d) Documentation of optimally dosed prophylactic factor VIII product is ineffective for the prevention of spontaneous bleeding events (such as: continuing to have bleeding events or arthroscopic changes within a target joint)
      e) Documentation of the number of bleeds experienced within the past 12 months
      f) Medication is dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome based results (ie: hemophilia treatment centers)
      g) Trial and failure, intolerance, or contraindication to Hemlibra
   ii. Hemophilia B
      a) For prophylaxis of spontaneous bleeding episodes in patients diagnosed with congenital hemophila B without inhibitors
      b) Prescribed and dispensed by a specialist that works in a hemophilia treatment center
      c) Documentation of severe hemophilia B with factor IX level <1% OR moderate hemophilia B with factor IX level between 1%-5%
      d) Documentation of optimally dosed prophylactic factor IX product is ineffective for the prevention of spontaneous bleeding events (such as: continuing to have bleeding events or arthroscopic changes within a target joint)
      e) Documentation of the number of bleeds experienced within the past 12 months
      f) Medication is dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome based results (ie: hemophilia treatment centers)

e. Alhemo®
   i. Hemophilia A
      a) For prophylaxis of bleeding episodes in patients diagnosed with congenital hemophilia A
      b) Prescribed and dispensed by a specialist that works in a hemophilia treatment center
      c) Documentation of a historical or current high titer for factor VIII inhibitors measuring greater than 5 BU/mL
      d) Will not be used in combination with Immune Tolerance Induction (ITI)

e) Medication is dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcomes based results (ie: hemophilia treatment centers)
f) Trial and failure, intolerance, or contraindication to Hemlibra

ii. Hemophilia B
a) For prophylaxis of bleeding episodes in patients diagnosed with congenital hemophilia B
b) Prescribed and dispensed by a specialist that works in a hemophilia treatment center
c) Documentation of a historical or current high titer for factor IX inhibitors measuring greater than 5 BU/mL
d) Will not be used in combination with Immune Tolerance Induction (ITI)
e) Medication is dispensed by a treatment center associated with hemophilia that provides high quality hemophilia care with outcome based results (ie: hemophilia treatment centers)

f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list or BCBSM/BCN's prior authorization and step therapy documents

B. Quantity Limitations, Authorization Period and Renewal Criteria
a. Quantity Limits: Align with FDA recommended dosing or the quantities listed below with a maximum 30 day supply
i. Hympavzi Only: 150 mg weekly. If requesting doses greater than 150 mg weekly, consultation with a Blue Cross Blue Shield medical director is required to discuss if the patient is a candidate for gene therapy
b. Initial Authorization Period: 6 months
c. Renewal Criteria:
i. Continuation of coverage will be provided when treatment has been proven successful through a decrease in the number of bleeds
ii. If requesting doses above the standard FDA recommended dosing regimen, documentation that the patient has not developed anti-drug antibodies that impact the clearance or efficacy (Hemlibra only)
d. Renewal Authorization Period: 1 year

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- There are two types of hemophilia: hemophilia A and hemophilia B
    - Hemophilia A is defined as a deficiency in factor VIII clotting factor
    - Hemophilia B is defined as a deficiency in factor IX clotting factor
- There are three main levels of severity
    - Mild hemophilia patients have a factor activity of 5% to 40% and usually do not experience any major problems in everyday life. It often goes unnoticed until puberty or adulthood when bleeding after surgery or a deep cut lasts longer than normal. These patients do not typically need prophylactic therapy and only require on-demand factor for injuries or surgeries

    - Moderate hemophilia patients have a factor activity of 1% to 5% and may have occasional bleeding, but usually only following surgery or an injury. Only rarely will there be no apparent cause

    - Severe hemophilia patients have a factor level of less than 1% and often have bleeding for no known reason, especially in the joints and muscles. From infancy, patients bruise easily and as they become more active, learn to walk and put more strain on their joints and muscles, bleeding starts to occur

- Factor replacement therapy is the mainstay of treatment of prevention of bleeding episodes in hemophilia. There are two types of factor products available to treat hemophilia which include plasma derived factor, entirely made of plasma from human donations and recombinant factor, made by genetically engineered technology, both with standard and extended half-life products. There is also a highly sustained, extended half-life recombinant product. All factor products have demonstrated to have similar safety and efficacy in clinical studies treating or reducing bleeding episodes with the apparent difference in the frequency of administration: up to three times weekly injections for standard and weekly or twice weekly for extended half-life products.

- Despite widespread availability of safe and effective factor replacement therapy, patients with hemophilia continue to experience a tremendous burden of treatment, breakthrough bleeding, and progressive joint disease. Some of these issues may be addressed in select patients with the use of non-factor therapies, such as, Hemlibra, Hympavzi, and Alhemo. Hemlibra is a monoclonal immunoglobulin G4 (IgG4) antibody that bridges activated factor IX and factor X to restore the function of missing activated factor VIII that is needed for effective hemostasis. It is indicated for use as prophylactic therapy for hemophilia A in patients with or without inhibitors. Hympavzi is a tissue factor pathway inhibitor (TFPI) antagonist that reduces the amount of tissue factor pathway inhibitor, thereby increasing the amount of thrombin generated. It is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in hemophilia A and B without inhibitors. Alhemo is an additional TFPI indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in hemophilia A and B with inhibitors.

- Patients with severe hemophilia may develop an inhibitor sometime in their lives. Inhibitors most often develop during childhood, especially during the first 50 exposure days to factor replacement.

- Inhibitors are classified into two categories.

    - Those with a 5 or higher Bethesda units (BU)/mL result are classified as having a "high responding" inhibitor level.

    - Those who measure below 5 BU/mL are classified as having a "low responding" inhibitor level.

- Depending on the inhibitor level, different therapeutic options are available to patients.

    - Bypassing agents are used in the treatment of inhibitors. These contain factors that can stimulate the formation of a clot and stop bleeding. While these treatments are effective, many limitations exist including potential for bleeding or over-production of clots, and the need for frequent doses.

    - Hemlibra (emicizumab) is a recombinant, humanized, bispecific monoclonal antibody that bridges activated factor IX and factor X to restore the function of missing activated factor VIII in hemophilia A patients to restore hemostasis. Hemlibra has only been studied in patients with inhibitors greater than 5 BU/mL and has not been studied in combination with Immune Tolerance Induction therapy.

    - Alhemo (concizumab-mtci) is a TFPI that reduces the amount of tissue factor pathway inhibitor, thereby increasing the amount of thrombin generated resulting in a reduction in the number of bleeding episodes. Alhemo has only been studied in patients with inhibitors greater than 0.6 BU/mL and has not been studied in combination with Immune Tolerance Induction therapy. While Alhemo has been studied in patients with 0.6

BU/mL inhibitors, those with inhibitors less than 5 BU/mL can be treated with higher doses of factor calculated to overcome the inhibitor titer and provide a hemostatic level.

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Policy History		
#	Date	Change Description
2.2	Effective Date: 02/13/2025	Updated to include Alhemo
2.1	Effective Date: 01/16/2025	UM medical management system update for BCBS and BCN for Alhemo
2.0	Effective Date: 01/06/2025	UM medical management system update for MAPPO and BCNA for Hympavzi
1.9	Effective Date: 12/12/2024	Updated to include Hympavzi and include the trial and failure of preferred products statement
1.8	Effective Date: 10/31/2024	UM medical management system update for BCBS and BCN for Hympavzi
1.7	Effective Date: 04/11/2024	Annual review of criteria was performed, no changes were made
1.6	Effective Date: 04/06/2023	Updated to include Altuviiio
1.5	Effective Date: 04/22/2022	Updated to add wording only requiring antibody levels for Hemlibra when requesting doses above the FDA recommended regimen
1.4	Effective Date: 06/10/2021	Annual review of criteria was performed, no changes were made
1.3	Effective Date: 06/11/2020	Added Sevenfact
1.2	Effective Date: 02/03/2020	UM medical management system update for BCNA and MAPPO for Hemlibra
1.1	Effective Date: 12/05/2019	Updated Wilate indication to include hemophilia A
1.0	Effective Date: 05/09/2019	New coverage criteria UM medical management system update for Hemlibra for BCBS and BCN

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	**Name**
ID Number	**Specialty**
D.O.B. ☐Male ☐Female	**Address**
Diagnosis	**City /State/Zip**
Drug Name	**Phone/Fax: P**: ( ) - **F**: ( ) -
Dose and Quantity	**NPI**
Directions	**Contact Person**
Date of Service(s)	**Contact Person Phone / Ext.**

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: ☐ Initiation ☐ Continuation *Date patient started therapy:* _____
2. Administered by patient or a medical professional? ☐ patient (self) ☐ health care professional (physician, nurse, etc.)
3. Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
   ☐ Hospital outpatient facility (go to #4) *Reason for Hospital Outpatient administration:* _____
   ☐ Hospital inpatient facility for Car-T therapy only (for example: Kymriah, Yescarta, or Tecartus) (go to #5)
4. Please specify location of administration if hospital outpatient infusion: _____
5. Please specify location of administration if hospital inpatient infusion: _____
6. Please provide the NPI number for the place of administration: _____
7. **Initiation AND Continuation of therapy:**
   a. What is the patient's diagnosis? _____
   b. What other medication has the patient received for their condition? Please list_____
      i. Please describe the response to previous therapies:
      _____
   c. Will the patient be receiving any other treatment for the listed condition while on this medication? Please list:
      _____
   d. Please list any labs values important for diagnosing or monitoring this patient's condition:
      _____
8. **Continuation of therapy:**
   a. Has the patient progressed while on this medication? ☐ yes ☐ no
   b. How has the patient's condition changed while on this medication?
      ☐ Improved: Please describe: _____
      ☐ Stable: please describe: _____
      ☐ Worsened; Please describe: _____
      ☐ Other; Please describe: _____

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review **(required)**

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name **Physician Signature** **Date**

Step 2: Checklist	☐ Form Completely Filled Out ☐ Provide chart notes	☐ Attach test results
Step 3: Submit	**By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979**	**By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320**

7/26/2018, 9/18/2018; 1/31/2020; 3/17/2020; 8/9/2021