Hemophilia[i] Factor VIIa Factor VIII Factor IX Obizur Hemlibra	**Factor replacement is authorized for Members who meet the following criteria when prescribed by hematology specialist:** **Approve x 14 days for member with hemophilia A or B, or Von Willebrand disease and current serious or life-threatening bleed (central nervous system bleed, ocular bleeding, bleeding into hip, intra-abdominal bleeding, bleeding into neck or throat, iliopsoas bleeding, significant bleeding from trauma) **Inherited Hemophilia A (Factor VIII deficiency):** Requires attestation of less than 1% of normal factor VIII (less than 0.01 IU/ml) or documented history of 1 or more episodes of spontaneous bleeding into joints **Routine bleeding prophylaxis, hemorrhage, perioperative bleeding:** • Advate, Afstyla, Helixate FS, Kogenate FS, Novoeight, Nuwiq, Eloctate, Adynovate, Hemofil M, Recombinate, Humate P, Koate, Monoclate P, Xyntha, Kovaltry, Alphanate **Hemophilia B (Factor IX deficiency)** Requires attestation of less than 1% of normal factor IX (less than 0.01 IU/ml)) or documented history of 1 or more episodes of spontaneous bleeding into joints **Perioperative bleeding, hemorrhage, routine bleeding prophylaxis** • Alprolix, Benefix, Idelvion, Ixinity, Rixubis, Alphanine, Mononine, Profilnine, Bebulin	**Initial Approval**: 3 months **Renewal:** 1 year **Factors VIII and IX:** Requires attestation member has been screened for inhibitors since last approval If inhibitor present: Documentation or attestation of treatment plan to address inhibitors as appropriate, such as changing product, monitoring if transient inhibitor or low responder, OR if > 5 Bethesda units, increase dose and/or frequency for Immune Tolerance Induction, change to bypassing agent, and/or, addition of immunomodulator(s)

	<u>Von-Willebrand disease:</u> Requires attestation of laboratory confirmed diagnosis, and history of bleeding (prolonged wound bleeding, post-surgical or dental bleeding, nosebleeds, menorrhagia, excessive bruising), or family history of bleeding or bleeding disorder) • Vonvendi: adults 18 years of age and older • Wilate, Humate P, Alphanate **<u>Novoseven RT (Factor VIIa)</u>** Treatment of hemorrhagic complications or prevention of bleeding in surgical or invasive procedures for members with one of the following Food and Drug Administration (FDA) approved indications: • Acquired hemophilia • Hemophilia A or B with Inhibitors • Glanzman's thrombasthenia when refractory to platelet transfusions with or without antibodies to platelets • Congenital Factor VII deficiency **<u>Feiba (aPCC)</u>** Treatment of hemorrhagic complications or prevention of bleeding in surgical or invasive procedures or routine prophylaxis in members with hemophilia A or hemophilia B with inhibitors **<u>Obizur</u>** • Adults with acquired Hemophilia A • Documentation or attestation member does not have baseline anti-porcine factor VIII inhibitor titer of greater than 20 Bethesda Units (BU)	

	Hemlibra • Prophylaxis for members with Hemophilia A with inhibitors not approved for treatment of acute bleeding • Attestation activated Prothrombin Complex 100u/kg/24 hours or greater will not be used concomitantly	

[i] **Hemophilia Factor References:**

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14. Medical and Scientific Advisory Council (MASAC) Recommendations Regarding the Treatment of von Willebrand Disease. MASAC document #244. Accessed January 25, 2018 at https://www.hemophilia.org/Researchers-Healthcare-Providers/Medical-and-Scientific-Advisory-Council-MASAC/MASAC-Recommendations/MASAC-Recommendations-Regarding-the-Treatment-of-von-Willebrand-Disease
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