Reference number(s)
4798-A

STANDARD MEDICARE PART B MANAGEMENT

HEMLIBRA (emicizumab-kxwh)

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 Indications
Hemlibra is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients ages newborn and older with hemophilia A (congenital factor VIII deficiency) with or without factor VIII inhibitors.

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. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:
For continuation requests: Chart notes documenting benefit from therapy (e.g., reduced frequency or severity of bleeds).

III. CRITERIA FOR INITIAL APPROVAL

Hemophilia A (congenital factor VIII deficiency)
Authorization of 12 months may be granted for treatment of hemophilia A (congenital factor VIII deficiency) when all of the following criteria is met:

A. Member must be using the requested medication for routine prophylaxis to prevent or reduce the frequency of bleeding episodes.
B. Member meets one of the following criteria:
    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).
C. Prophylactic use of factor VIII products (e.g., Advate, Adynovate, Eloctate) will be discontinued after the first week of starting therapy with the requested medication.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested medication
B. The requested medication is being used to treat an indication enumerated in Section III
C. The member is receiving benefit from therapy (e.g., reduced frequency or severity of bleeds)
D. The member is not using the requested medication in combination with factor VIII products (e.g., Advate, Adynovate, Eloctate, etc.) for prophylactic use.

V. DOSAGE AND ADMINISTRATION[1]

For initial and continuation requests, dosing does not exceed the following:
A. Induction: 3mg/kg subcutaneously once weekly for the first 4 weeks.
B. Maintenance: 1.5mg/kg once weekly, or 3mg/kg once every 2 weeks, or 6mg/kg once every 4 weeks.

VI. 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

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. Stimate Nasal Spray is unavailable due to backorder/shortage issues (where applicable)

VII. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:
1. The prescribing information for Hemlibra.
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. World Federation of Hemophilia (WFH) Guidelines for the Management of Hemophilia, 3rd edition
4. National Hemophilia Foundation (NHF) Medical and Scientific Advisor Council (MASAC) Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Other Bleeding Disorders

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

VIII. EXPLANATION OF RATIONALE

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

Support for using Hemlibra to treat mild hemophilia A can be found in the WFH Guidelines for the Management of Hemophilia. Mild disease is defined as having a clotting factor level of 6 to 40% of normal. The patient generally experiences severe bleeding with major trauma or surgery. It is rare these patients will bleed spontaneously. Desmopressin may be the treatment of choice for patients with mild hemophilia A when factor VIII can be raised to an appropriate therapeutic level because it avoids the expense and potential hazards of using clotting factor concentrates. Desmopressin is not appropriate in all situations. Patients under 2 years of age, pregnant patients, patients with electrolytes or fluid imbalance, patients at high risk for cerebrovascular disease, predisposition to thrombus formation, patients who experienced trauma severe enough to require surgery, and patients experiencing a life-threatening bleed are not ideal candidates for desmopressin therapy.

Support for using Hemlibra to treat moderate to severe hemophilia A can be found in the WFH Guidelines for the Management of Hemophilia. Patients with moderate to severe hemophilia A should be started on prophylaxis with factor VIII or a non-factor therapy like Hemlibra to prevent a recurring life-threatening bleed. Desmopressin is not appropriate in these patients.

IX. REFERENCES

1. Hemlibra [package insert]. South San Francisco, CA: Genentech, Inc.; June 2022.
2. Srivastava A, Santagostino E, Dougall A, et al. WFH Guidelines for the Management of Hemophilia, 3rd edition. *Haemophilia*. 2020;26 Suppl 6:1-158. doi:10.1111/hae.14046.
3. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised March 2022. MASAC Document #272. https://www.hemophilia.org/sites/default/files/document/files/272_Treatment.pdf. Accessed December 3, 2022.
4. National Hemophilia Foundation. Hemophilia A (Factor VIII Deficiency). Available at: http://www.hemophilia.org/NHFWeb/MainPgs/MainNHF.aspx?menuid=180&contentid=45&rptname=bleeding. Accessed December 3, 2022.
5. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed December 3, 2022.
6. Leissinger C, Carcao M, Gill JC, et al. Desmopressin (DDAVP) in the management of patients with congenital bleeding disorders. *Haemophilia*. 2014;20:158-167.