

# Hemophilia Products – Factor VIII/VWF Complex: Alphanate, Humate-P, Wilate

(Intravenous)

Effective date: 01/01/2020

Review date: 10/02/2019, 12/18/19

Scope: Medicaid\*, Exchange\*, Medicare-Medicaid Plan (MMP)

\*(Medication only available on the Medical Benefit)

#### I. Length of Authorization

Unless otherwise specified\*, the initial authorization will be provided for 3 months and may be renewed.

<u>Note</u>: The cumulative amount of medication the patient has on-hand will be taken into account for authorizations. Up to 5 'on-hand' doses for the treatment of acute bleeding episodes will be permitted at the time of the authorization request.

\* Initial and renewal authorization periods may vary by specific covered indication

\*\*\* Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage

Determinations (LCDs) if applicable.\*\*\*

#### II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

N/A

- B. Max Units (per dose and over time) [Medical Benefit]:
  - Alphate: 55,200 billable units per 28 day supply
  - Humate-P: 55,200 billable units per 28 day supply
  - Wilate: 34,500 billable units per 90 day supply

#### III. Initial Approval Criteria

#### **Hemophilia Management Program**

Requirements for half-life study and inhibitor tests are a part of the hemophilia management program. This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide.



#### A. Alphanate, Humate-P ONLY

Coverage is provided in the following conditions:

#### Hemophilia A (congenital factor VIII deficiency) †

- Diagnosis of congenital factor VIII deficiency has been confirmed by blood coagulation testing; AND
- Used as treatment for control and prevention of bleeding episodes (episodic treatment of acute hemorrhage); **OR**
- Routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
  - o Patient must have severe hemophilia A (factor VIII level of <1%); OR
  - Patient has at least two documented episodes of spontaneous bleeding into joints; OR
- Perioperative management (\*Authorization is valid for 1 month)

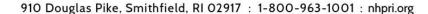
#### **Hemophilia Management Program**

- If the request is for routine prophylaxis and the requested dose exceeds dosing limits under part II, a half-life study should be performed to determine the appropriate dose and dosing interval.
- For members with a BMI  $\geq$  30, a half-life study should be performed to determine the appropriate dose and dosing interval.
- For minimally treated patients (< 50 exposure days to factor products) previously receiving a different factor product, inhibitor testing is required at baseline, then at every comprehensive care visit (yearly for the mild and moderate patients, semi-annually for the severe patients)

#### von Willebrand disease (vWD) †

- Diagnosis of von Willebrand disease has been confirmed by blood coagulation and von Willebrand factor testing; AND
  - o Treatment of spontaneous and trauma-induced bleeding episodes; OR
  - Used as surgical bleeding prophylaxis during major or minor procedures in patients with vWD in whom desmopressin is either ineffective or contraindicated (\*Authorization valid for 1 month); AND
- Alphanate is not indicated for patients with severe (type 3) vWD undergoing major surgery OR treatment of spontaneous/trauma-induced bleeding episodes

## **Hemophilia Management Program**





For minimally treated patients (< 50 exposure days to factor products) previously receiving a different factor product, inhibitor testing is required at baseline, then at every comprehensive care visit (yearly for the mild and moderate patients, semi-annually for the severe patients)

#### B. Wilate

Coverage is provided in the following conditions:

#### von Willebrand disease (vWD) †

- Diagnosis of von Willebrand disease has been confirmed by blood coagulation and von Willebrand factor testing; AND
- Used for perioperative management of bleeding (\*Authorization valid for 1 month);
   OR
- Used as treatment of spontaneous and trauma-induced bleeding episodes in at least one of the following:
  - o Patients with severe vWD; **OR**
  - Patients mild or moderate vWD in whom the use of desmopressin is known or suspected to be ineffective or contraindicated; AND
- Is NOT being used for routine prophylactic treatment of spontaneous bleeding episodes; AND
- Is NOT being used for Hemophilia A

#### **Hemophilia Management Program**

For minimally treated patients (< 50 exposure days to factor products) previously receiving a different factor product, inhibitor testing is required at, then at every comprehensive care visit (yearly for the mild and moderate patients, semi-annually for the severe patients)

#### † FDA Approved Indication(s)

#### IV. Dispensing Requirements for Rendering Providers (Hemophilia Management Program)

- Prescriptions cannot be filled without an expressed need from the patient, caregiver or prescribing practitioner. Auto-filling is not allowed.
- Monthly, rendering provider must submit for authorization of dispensing quantity before delivering factor product. Information submitted must include:
  - Original prescription information, requested amount to be dispensed, vial sizes available to be ordered from the manufacturer, and patient clinical history (including patient product inventory and bleed history)



- Factor dose should not exceed +1% of the prescribed dose and a maximum of three vials may be dispensed per dose. If unable to provide factor dosing within the required threshold, below the required threshold, the lowest possible dose able to be achieved above +1% should be dispensed. Prescribed dose should not be increased to meet assay management requirements.
- The cumulative amount of medication(s) the patient has on-hand should be taken into account when dispensing factor product. Patients should not have more than 5 extra doses on-hand for the treatment of acute bleeding episodes.
- Dispensing requirements for renderings providers are a part of the hemophilia management program. This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide.

#### V. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section III; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include
  the following: symptoms of allergic-anaphylactic reactions (anaphylaxis, dyspnea, rash);
  thromboembolic events (thromboembolism, pulmonary embolism); and development of
  neutralizing antibodies (inhibitors); AND
- Any increases in dose must be supported by an acceptable clinical rationale (i.e. weight gain, half-life study results, increase in breakthrough bleeding when patient is fully adherent to therapy, etc.); AND
- The cumulative amount of medication(s) the patient has on-hand will be taken into account when authorizing. The authorization will allow up to 5 doses on-hand for the treatment of acute bleeding episodes as needed for the duration of the authorization; **AND**

Treatment of acute bleeding episodes/Treatment of Spontaneous and trauma-induced bleeding episodes/On-demand treatment of bleeding episodes

Renewals will be approved for a 6 month authorization period

Prevention of acute bleeding episodes/Routine prophylaxis to prevent or reduce the frequency of bleeding episode

Renewals will be approved for a 12 month authorization period

#### VI. Dosage/Administration

Alphanate



Indication	Dose	
Control and prevention of bleeding Congenital Hemophilia A	The expected in vivo peak increase in FVIII level expressed as IU/dL (or % normal) can be estimated using the following formulas:	
Major hemorrhages may require treatment for up to 10 days. Intracra hemorrhages may require prophylaxis therapy for up to 6 months.  Perioperative management Congenital Prior to surgery, the levels of FVIII:C should be brought to 80-100% of the next 7-10 days, or until healing has been ach patient should be maintained at 60-100% FVIII levels (30-50 IU FVIII) daily).		
Control and prevention of bleeding and perioperative management von Willebrand Disease (VWD)	The ratio of VWF:RCo to FVIII in Alphanate varies by lot, so with each new lot, check the IU VWF:RCo/Vial to ensure accurate dosing.  Minor  Pre-operative/pre-procedure dose (Target FVIII:C Activity – 40-50 IU/dL):  Adults: 60 IU VWF:RCo/kg body weight.  Pediatrics: 75 IU VWF:RCo/kg body weight.  Maintenance dose (Target FVIII:C Activity – 40-50 IU/dL):  Adults: 40 to 60 IU VWF:RCo/kg body weight at 8 to 12 hour intervals as clinically needed for 1-3 days.  Pediatrics: 50 to 75 IU VWF:RCo/kg body weight at 8 to 12 hour intervals as clinically needed for 1-3 days.  Major  Pre-operative/pre-procedure dose (Target FVIII:C Activity – 100 IU/dL):  Adults: 60 IU VWF:RCo/kg body weight.  Pediatrics: 75 IU VWF:RCo/kg body weight.	
	Maintenance dose (Target FVIII:C Activity – 100 IU/dL): Adults: 40 to 60 IU VWF:RCo/kg body weight at 8 to 12 hour intervals as clinically needed for at least 3-7 days.	



Indication	Dose	
	Pediatrics: 50 to 75 IU VWF:RCo/kg body weight at 8 to 12 hour intervals as clinically needed for at least 3-7 days.	
	chinearly needed for at least o r days.	

# Humate-P

Indication	Dose	
Control and prevention of bleeding Congenital	One International Unit (IU) of Factor VIII (FVIII) activity per kg body weight will increase the circulating FVIII level by approximately 2.0 International Units (IU)/dL.	
Hemophilia A	Minor Loading dose 15 IU FVIII:C/kg to achieve a FVIII:C plasma level of approximately 30% of normal; one infusion may be sufficient. If needed, half of the loading dose may be given once or twice daily for 1-2 days.  Moderate Loading dose 25 IU FVIII:C/kg to achieve a FVIII:C plasma level of approximately 50% of normal, followed by 15 IU FVIII:C/kg every 8-12 hours for the first 1-2 days to maintain the FVIII:C plasma level at 30% of normal. Continue the same dose once or twice daily for up to 7 days or until adequate wound healing is achieved.	
	Major Initially 40-50 IU FVIII: C/kg, followed by 20-25 IU FVIII: C/kg every 8 hours to maintain the FVIII: C plasma level at 80-100% of normal for 7 days. Continue the same dose once or twice daily for another 7 days to maintain the FVIII: C level at 30-50% of normal.	
Control and Administer 40 to 80 International Units (IU) VWF:RCo (corresponding prevention of International Units (IU) FVIII in Humate-P) per kg body weight even hours. Adjust the dosage based on the extent and location of bleeding repeat doses as long as needed based on monitoring of appropriate click (VWD)		
Perioperative management von Willebrand Disease (VWD)	Loading Doses  Major  VWF:Rco Target Peak Plasma Level – 100 IU/dL  Target FVIII: C Activity – 80-100 IU/dL  ((Target peak plasma VWF:RCo level – baseline plasma VWF:RCo level) –Body wt (kg)) /IVR (in vivo recovery)  If the IVR is not available, assume an IVR of 2.0 IU/dL per IU/kg and calculate the loading dose as follows: (100 – baseline plasma VWF:RCo) x BW (kg)/2.0  Minor  VWF:Rco Target Peak Plasma Level – 50-60 IU/dL	



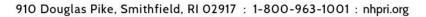
Indication	Dose	
	<u>Target FVIII:C Activity – 40-50 IU/dL</u>	
	((Target peak plasma VWF:RCo level – baseline plasma VWF:RCo level) –Body wt	
	(kg)) /IVR (in vivo recovery)	
	Emergency	
	VWF:Rco Target Peak Plasma Level – 100 IU/dL	
	<u>Target FVIII:C Activity – 80-100 IU/dL</u>	
	Administer a dose of 50-60 IU VWF:RCo/kg body weight.	
	Maintenance Doses	
	The initial maintenance dose of Humate-P for the prevention of excessive bleeding	
	during and after surgery should be half of the loading dose, irrespective of	
	additional dosing required to meet FVIII:C targets. Subsequent maintenance	
	doses should be based on the patient's VWF:RCo and FVIII levels.	

## Wilate

Indication	Dose	
Control of bleeding episodes VWD	The ratio between VWF:RCo and FVIII activities in Wilate is approximately 1:1. The dosage should be adjusted according to the extent and location of the bleeding.	
	Minor and Moderate  Loading dose: 20-40 IU/kg; Maintenance dose: 20-30 IU/kg every 12-24 hours until VWF:Rco and FVIII activity trough levels > 30%, for up to 3 days.  Major  Loading dose: 40-60 IU/kg; Maintenance dose: 20-40 IU/kg every 12-24 hours	
	until VWF:Rco and FVIII activity trough levels > 50%, for up to 5-7 days.	
Perioperative management of bleeding vWD	Minor Loading dose: 30-60 IU/kg; Maintenance dose: 15-30 IU/kg every 12-24 hours until wound healing achieved, up to 3 days. VWF:Rco trough levels > 30% and peak levels 50%. Until wound healing is achieved, up to 3 days.	
	Major Loading dose: 40-60 IU/kg; Maintenance dose: 20-40 IU/kg every 12-24 hours until wound healing achieved, up to 6 days or more. VWF:Rco trough levels > 50% and peak levels 100%. Until wound healing is achieved, up to 6 days or more.	

# VII. Billing Code/Availability Information

# HCPCS & NDC:





Drug	Manufacturer	J-Code	1 Billable Unit Equiv.	Vial Size	NDC
	Grifols Biologicals Inc	J7186	1 IU	250 units 500 units	-68516-4601 -68516-4611 -68516-4602 -68516-4612
Alphanate				1000 units	-68516-4603 -68516-4613 -68516-4604
				1500 units 2000 units	-68516-4614 -68516-4609 -68516-4615
Humate-P	CSL Behring LLC	J7187	1 IU	600 units 1200 units 2400 units	63833-0615 63833-0616 63833-0617
Wilate	Octapharma USA	J7183	1 IU VWF:RCO	500 units 1000 units	67467-0182



#### VIII. References

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- 2. Humate-P [package insert]. Kankakee, IL; CSL Behring LLC; September 2017. Accessed January 2019.
- 3. Wilate [package insert]. Hoboken, NJ; Octapharma USA; September 2016. Accessed January 2019.
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- 5. Guidelines for the Management of Hemophilia. 2<sup>nd</sup> Edition. World Federation of Hemophilia. 2013. Available at: https://www1.wfh.org/publication/files/pdf-1472.pdf. Accessed January 2019.
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- 7. Graham A1, Jaworski K. Pharmacokinetic analysis of anti-hemophilic factor in the obese patient. Haemophilia. 2014 Mar;20(2):226-9.
- 8. Croteau SE1, Neufeld EJ. Transition considerations for extended half-life factor products. Haemophilia. 2015 May;21(3):285-8.
- 9. Mingot-Castellano, et al. Application of Pharmacokinetics Programs in Optimization of Haemostatic Treatment in Severe Hemophilia a Patients: Changes in Consumption, Clinical Outcomes and Quality of Life. Blood. 2014 December; 124 (21).
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- 11. First Coast Service Options, Inc. Local Coverage Determination (LCD): Hemophilia Clotting Factors (L33684). Centers for Medicare & Medicaid Services, Inc. Updated on 01/04/2019 with effective date 01/01/2019. Accessed January 2019.
- 12. Novitas Solutions, Inc. Local Coverage Determination (LCD): Hemophilia Clotting Factors (L35111). Centers for Medicare & Medicaid Services, Inc. Updated on 01/19/2018 with effective date 01/01/2018. Accessed January 2019.



## Appendix 1 - Covered Diagnosis Codes

#### Alphanate, Humate-P

ICD-10	ICD-10 Description	
D66	Hereditary factor VIII deficiency	
D68.0	Von Willebrand's disease	

#### Wilate

ICD-10	ICD-10 Description
D68.0	Von Willebrand's disease

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

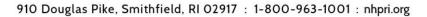
Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <a href="http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx">http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx</a>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): H,L	NCD/LCD Document (s): L35111	
https://www.cms.gov/medicare-coverage-database/search/lcd-date-		
search.aspx?DocID=L35111&bc=gAAAAAAAAAAAA==		

Jurisdiction(s): N	NCD/LCD Document (s): L33684	
https://www.cms.gov/medicare-coverage-database/search/lcd-date-		
search aspx?DocID=L33684&bc=gAAAAAAAAAAAAAA		

Medicare Part B Administrative Contractor (MAC) Jurisdictions			
Jurisdiction	Applicable State/US Territory	Contractor	
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC	





Medicare Part B Administrative Contractor (MAC) Jurisdictions			
Jurisdiction	Applicable State/US Territory	Contractor	
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC	
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)	
6	MN, WI, IL	National Government Services, Inc. (NGS)	
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.	
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)	
N (9)	FL, PR, VI	First Coast Service Options, Inc.	
J (10)	TN, GA, AL	Palmetto GBA, LLC	
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC	
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.	
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)	
15	KY, OH	CGS Administrators, LLC	