Neighborhood Health Plan OF RHODE ISLAND™
910 Douglas Pike, Smithfield, RI 02917 : 1-800-963-1001 : nhpri.org

Hemophilia Products – Factor VIIa: Novoseven RT (Intravenous)

Effective date: 01/01/2020

Review date: 10/02/2019, 12/13/2019, 1/22/20

Revision Date: 12/13/2019, 1/22/20

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.

Note: 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]:

– 310,500 billable units per 30 day supply

III. Initial Approval Criteria

A. Novoseven RT

Coverage is provided in the following conditions:

- MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements.

Hemophilia A (congenital factor VIII deficiency) †

Neighborhood Health Plan of Rhode Island ©2020
Proprietary & Confidential – Not for Distribution

- Diagnosis of congenital factor VIII deficiency has been confirmed by blood coagulation testing; **AND**
- Confirmation patient has acquired inhibitors to Factor VIII; **AND**
- Used as treatment in at least one of the following:
  - Control and prevention of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)* ; **OR**
  - Routine prophylaxis to prevent or reduce the frequency of bleeding episodes when the following criteria are also met:
    - Patient has at least two documented episodes of spontaneous bleeding into joints; **OR**
    - Patient has documented trial and failure of Immune Tolerance Induction (ITI); **AND**
      - Patient has documented trial and failure or contraindication to Hemlibra.

Acquired Hemophilia †

- Diagnosis of acquired hemophilia has been confirmed by blood coagulation testing; **AND**
- Used as treatment for one of the following:
  - Control and prevention of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)*

Hemophilia B (congenital factor IX deficiency aka Christmas disease) †

- Diagnosis of congenital factor IX deficiency has been confirmed by blood coagulation testing; **AND**
- Confirmation patient has acquired inhibitors to Factor IX; **AND**
- Used as treatment for one of the following:
  - Control and prevention of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)*; **OR**
  - Routine prophylaxis to prevent or reduce the frequency of bleeding episodes when the following criteria are also met
    - Patient has at least two documented episodes of spontaneous bleeding into joints; **OR**

Neighborhood Health Plan of Rhode Island ©2020
Proprietary & Confidential – Not for Distribution

- Patient has documented trial and failure of Immune Tolerance Induction (ITI)

Congenital Factor VII Deficiency †

- Diagnosis of congenital factor VII deficiency has been confirmed by blood coagulation testing; **AND**
- Used as treatment for one of the following:
  - Control and prevention of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)*

Glanzmann's Thrombasthenia †

- Diagnosis of Glanzmann Thrombasthenia has been confirmed by blood coagulation testing; **AND**
- Used as treatment for one of the following:
  - Control and prevention of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)*; **AND**
- The use of platelet transfusions is known or suspected to be ineffective or contraindicated

† 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.

Neighborhood Health Plan of Rhode Island ©2020
Proprietary & Confidential – Not for Distribution

- 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

Novoseven RT

Indication	Dose
Control and prevention of bleeding Congenital Hemophilia A or B with inhibitors	Minor 90 mcg/kg every 2 hours, adjustable based on severity of bleeding until hemostasis is achieved. Major 90 mcg/kg every 3-6 hours after hemostasis is achieved for severe

Indication	Dose
	bleeds
Control and prevention of bleeding episodes Acquired Hemophilia	70-90 mcg/kg every 2-3 hours until hemostasis is achieved
Control and prevention of bleeding episodes Congenital Factor VII deficiency	15-30 mcg/kg every 4-6 hours until hemostasis is achieved
Control and prevention of bleeding episodes Glanzmann's Thrombasthenia	90 mcg/kg every 2-6 hours until hemostasis is achieved
Perioperative management Congenital Hemophilia A or B with inhibitors	Minor 90 mcg/kg immediately before surgery, repeat every 2 hours during surgery. 90 mcg/kg every 2 hours after surgery for 48 hours, then every 2-6 hours until healing has occurred. Major Initial: 90 mcg/kg immediately before surgery, repeat every 2 hours during surgery. Post-Op: 90 mcg/kg every 2 hours after surgery for 5 days, then every 4 hours or by continuous infusion, via pump, at 50 mcg/kg/hr until healing occurs.
Perioperative management Acquired Hemophilia	70-90 mcg/kg immediately before surgery and every 2-3 hours for the duration of surgery and until hemostasis is achieved
Perioperative management Congenital Factor VII deficiency	15-30 mcg/kg immediately before surgery and every 4-6 hours for the duration of surgery and until hemostasis is achieved
Perioperative management Glanzmann's Thrombasthenia	Initial: 90 mcg/kg immediately before surgery and repeat every 2 hours for the duration of the procedure. Post-Op: 90 mcg/kg every 2-6 hours to prevent post-operative bleeding

VII. Billing Code/Availability Information

HCPCS & NDC:

Drug	Manufacturer	J-Code	1 Billable Unit Equiv.	Vial Size	NDC
Novoseven RT	Novo Nordisk	J7189	1 mcg	1 mg	00169-7201
				2 mg	00169-7202
				5 mg	00169-7205
				8 mg	00169-7208
Novoseven RT with MixPro package	Novo Nordisk	J7189	1 mcg	1 mg	00169-7201
				2 mg	00169-7202
				5 mg	00169-7205
				8 mg	00169-7208

VIII. References

1. NovoSeven RT [package insert]. Bagsvaerd, Denmark; Novo Nordisk; January 2019. Accessed January 2019.
2. MASAC RECOMMENDATIONS CONCERNING PRODUCTS LICENSED FOR THE TREATMENT OF HEMOPHILIA AND OTHER BLEEDING DISORDERS. 2016 National Hemophilia Foundation. MASAC Document #249; October 2016. Available at: http://www.hemophilia.org. Accessed January 2019.
3. Guidelines for the Management of Hemophilia. 2nd Edition. World Federation of Hemophilia. 2013. Available at: https://www1.wfh.org/publication/files/pdf-1472.pdf. Accessed January 2019.
4. Annual Review of Factor Replacement Products. Oklahoma Health Care Authority Review Board. Updated April 2016. Access January 2019.
5. Graham A1, Jaworski K. Pharmacokinetic analysis of anti-hemophilic factor in the obese patient. Haemophilia. 2014 Mar;20(2):226-9.
6. Croteau SE1, Neufeld EJ. Transition considerations for extended half-life factor products. Haemophilia. 2015 May;21(3):285-8.
7. 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).
8. MASAC RECOMMENDATION CONCERNING PROPHYLAXIS. 2016 National Hemophilia Foundation. MASAC Document #241; February 2016. Available at: http://www.hemophilia.org. Accessed January 2019.

Neighborhood Health Plan of Rhode Island ©2020
Proprietary & Confidential – Not for Distribution

9. 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.
10. 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

ICD-10	ICD-10 Description
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.0	Von Willebrand's disease
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D69.1	Qualitative platelet defects

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: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. 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=gAAAAAAAAAAAAA==	

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

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
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