CRITERIA FOR PRIOR AUTHORIZATION

Long-Acting Hemophilia Factors

PROVIDER GROUP
Pharmacy
Professional

MANUAL GUIDELINES
All dosage forms of the following medications will require prior authorization:
Adynovate (anti-hemophilic factor VIII recombinant, PEGylated)
Alprolix (coagulation factor IX recombinant, Fc fusion protein)
Eloctate (anti-hemophilic factor VIII recombinant, Fc fusion protein)
Esperoct (anti-hemophilic factor VIII recombinant, PEGylated)
Idelvion (coagulation factor IX recombinant, albumin fusion protein (rIX-FP))
Jivi (anti-hemophilic factor VIII recombinant, PEGylated)
Rebinyn (coagulation factor IX recombinant, glycol-PEGylated)

CRITERIA FOR ADYNOVATE (must meet all of the following):
• Patient must have a diagnosis of hemophilia A (congenital factor VIII deficiency)
• Must meet one of the following:
  o Routine prophylaxis to reduce the frequency of bleeding episodes (must meet all of the following):
    ▪ Frequency of dosing must not be more frequent than twice weekly
    ▪ Dose must not exceed 50 IU/kg for patients 12 years of age and older, or 70 IU/kg for children less than 12 years of age
    ▪ Exceptions will be made when the provider submits documentation of pharmacokinetic assay testing to indicate that the patient requires more frequent or higher dosing
  o On-demand treatment and control of bleeding episodes
  o Perioperative management

CRITERIA FOR ALPROLIX (must meet all of the following):
• Patient must have a diagnosis of hemophilia B
• Must meet one of the following:
  o Routine prophylaxis to reduce the frequency of bleeding episodes (must meet all of the following):
    ▪ Dose must not exceed 50 IU/kg once weekly or 100 IU/kg once every 10 days
    ▪ Exceptions will be made when the provider submits documentation of pharmacokinetic assay testing to indicate that the patient requires more frequent or higher dosing
  o On-demand treatment and control of bleeding episodes
  o Perioperative management

CRITERIA FOR ELOCTATE (must meet all of the following):
• Patient must have a diagnosis of hemophilia A (congenital factor VIII deficiency)
• Must meet one of the following:
  o Routine prophylaxis to reduce the frequency of bleeding episodes (must meet all of the following):
    ▪ Frequency of dosing must not be more frequent than every 3 days
    ▪ Dose must not exceed 65 IU/kg for patients 6 years of age and older, or 80 IU/kg for children less than 6 years of age
    ▪ Exceptions will be made when the provider submits documentation of pharmacokinetic assay testing to indicate that the patient requires more frequent or higher dosing
  o On-demand treatment and control of bleeding episodes
  o Perioperative management
APPROVED PA Criteria

**CRITERIA FOR ESPEROCT** (must meet all of the following):
- Patient must have a diagnosis of hemophilia A (congenital factor VIII deficiency)
- Must meet one of the following:
  - Routine prophylaxis to reduce the frequency of bleeding episodes (must meet all of the following):
    - Frequency of dosing must not be more frequent than every 4 days
    - Dose must not exceed 65 IU/kg twice weekly for patients less than 12 years of age, or 50 IU/kg every 4 days for patients aged 12 years and older
    - Exceptions will be made when the provider submits documentation of pharmacokinetic assay testing to indicate that the patient requires more frequent or higher dosing
  - On-demand treatment and control of bleeding episodes
  - Perioperative management

**CRITERIA FOR IDELVION** (must meet all of the following):
- Patient must have a diagnosis of hemophilia B
- Must meet one of the following:
  - Routine prophylaxis to reduce the frequency of bleeding episodes (must meet all of the following):
    - Dose must not exceed either 40 IU/kg once every 7 days or 75 IU/kg once every 14 days for patients 12 years of age and older OR 55 IU/kg once every 7 days for children less than 12 years of age
    - Exceptions will be made when the provider submits documentation of pharmacokinetic assay testing to indicate that the patient requires more frequent or higher dosing
  - On-demand treatment and control of bleeding episodes
  - Perioperative management

**CRITERIA FOR JIVI** (must meet all of the following):
- Patient must have a diagnosis of hemophilia A (congenital factor VIII deficiency)
- Patient must have received other treatment for hemophilia A prior to starting treatment with Jivi
- Patient must be 12 years of age or older
- Must meet one of the following:
  - Routine prophylaxis to reduce the frequency of bleeding episodes (must meet all of the following):
    - Frequency of dosing must not be more frequent than twice weekly
    - Dose must not exceed 6000 IU per infusion
    - Exceptions will be made when the provider submits documentation of pharmacokinetic assay testing to indicate that the patient requires more frequent or higher dosing
  - On-demand treatment and control of bleeding episodes
  - Perioperative management

**CRITERIA FOR REBINYN** (must meet all of the following):
- Patient must have a diagnosis of hemophilia B
- Must meet one of the following:
  - On-demand treatment and control of bleeding episodes
  - Perioperative management

**LENGTH OF APPROVAL:**
- 12 months for prophylaxis (initial and renewal)
- 3 months for treatment (per bleed episode)
- 1 month for perioperative (per procedure)