

## UTILIZATION MANAGEMENT MEDICAL POLICY

- POLICY:** Hemophilia – FEIBA Utilization Management Medical Policy
- Hemophilia – FEIBA® (anti-inhibitor coagulant complex intravenous infusion – Baxalta/Takeda)

**REVIEW DATE:** 12/04/2024

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### OVERVIEW

FEIBA, a human plasma fraction with Factor VIII bypassing activity, is indicated for use in **hemophilia A and B patients with inhibitors** for control and prevention of bleeding episodes, perioperative management, and routine prophylaxis to prevent or reduce the frequency of bleeding episodes.<sup>1</sup> It contains both activated and inactivated forms of Factors II, VII, IX, and X and is thus referred to as activated prothrombin complex concentrate (aPCC).<sup>1,2</sup> FEIBA is produced from pooled human plasma.<sup>1</sup>

### Guidelines

Regarding **hemophilia A with inhibitors** and **hemophilia B with inhibitors** (without history of anaphylaxis/allergy to Factor IX), World Federation of Hemophilia guidelines (2020) support aPCC for patients with high-titer inhibitors who require acute treatment or around surgery/invasive procedures.<sup>3</sup> For low-titer inhibitors, Factor VIII or IX replacement may be used. These products may also be used for patients with a history of a high-titer inhibitor whose titer has fallen to low or undetectable levels. However, once an anamnestic response occurs, further treatment with Factor replacement is typically no longer effective, and bypass agent therapy (e.g., aPCC) is needed. National Bleeding Disorders Foundation Medical and Scientific Advisory Council (MASAC) guidelines (updated October 2024) have similar recommendations: treatment for patients with inhibitors depends on multiple factors, including type of inhibitor (high- or low-responding), current titer, location of bleed, and previous response.<sup>2</sup>

### Dosing Information

Dosing of clotting factor concentrates is highly individualized. MASAC provides recommendations regarding doses of clotting factor concentrate in the home (2016).<sup>4</sup> The number of required doses varies greatly and is dependent on the severity of the disorder and the prescribed regimen. Per MASAC guidance, patients on prophylaxis should also have a minimum of one major dose and two minor doses on hand for breakthrough episodes in addition to the prophylactic doses used monthly. The guidance also notes that an adequate supply of clotting factor concentrate is needed to accommodate weekends and holidays. Therefore, maximum doses in this policy allow for prophylactic dosing plus three days of acute episodes or perioperative management per 28 days. Doses exceeding this quantity will be reviewed on a case-by-case basis by a clinician.

Dosing considerations for individual indications are as follows:

- **Hemophilia A with Inhibitors** and **Hemophilia B with Inhibitors:** For routine prophylaxis, a dose of 85 units/kg every other day is recommended.<sup>1</sup> Dosing for acute episodes and perioperative management can range up to 100 units/kg every 6 hours (400 units/kg daily dose).

### POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of FEIBA. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the criteria and dosing. Requests for doses outside of the established dosing

documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with FEIBA as well as the monitoring required for adverse events and long-term efficacy, approval requires this agent to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of FEIBA is recommended in those who meet one of the following criteria:

#### **FDA-Approved Indications**

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**1. Hemophilia A with Inhibitors.** Approve for 1 year if the patient meets BOTH of the following (A and B):

**A)** Patient meets ONE of the following (i, ii, or iii):

**i.** Patient has a positive inhibitor titer  $\geq 5$  Bethesda Units; OR

**ii.** Patient has a history of an inhibitor with anamnestic response to Factor VIII replacement therapy, which, according to the prescriber, precludes the use of Factor VIII replacement to treat bleeding episodes; OR

**iii.** Patient has a history of an inhibitor with refractory hemostatic response to increased Factor VIII dosing, which, according to the prescriber, precludes the use of Factor VIII replacement to treat bleeding episodes; AND

**B)** The medication is prescribed by or in consultation with a hemophilia specialist.

**Dosing.** Approve up to a maximum of 2,390 units/kg intravenously per 28 days.

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**2. Hemophilia B with Inhibitors.** Approve for 1 year if the patient meets BOTH of the following (A and B):

**A)** Patient meets ONE of the following (i, ii, or iii):

**i.** Patient has a positive inhibitor titer  $\geq 5$  Bethesda Units; OR

**ii.** Patient has a history of an inhibitor with anamnestic response to Factor IX replacement therapy, which, according to the prescriber, precludes the use of Factor IX replacement to treat bleeding episodes; OR

**iii.** Patient has a history of an inhibitor with refractory hemostatic response to increased Factor IX dosing, which, according to the prescriber, precludes the use of Factor IX replacement to treat bleeding episodes; AND

**B)** The medication is prescribed by or in consultation with a hemophilia specialist.

**Dosing.** Approve up to a maximum of 2,390 units/kg intravenously per 28 days.

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### **CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of FEIBA is not recommended in the following situations:

**1.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

1. FEIBA® intravenous infusion [prescribing information]. Lexington, MA: Baxalta/Takeda; March 2023.
2. National Bleeding Disorders Foundation. MASAC (Medical and Scientific Advisory Council) recommendations concerning products licensed for the treatment of hemophilia and selected disorders of the coagulation system (August 2023). MASAC Document #290. Available at: <https://www.hemophilia.org/sites/default/files/document/files/MASAC-Products-Licensed.pdf>. Accessed on November 27, 2024.
3. Srivastava A, Santagostino E, Dougall A, et al. WFH guidelines for the management of hemophilia, 3rd edition. *Haemophilia*. 2020;26 Suppl 6:1-158.
4. MASAC (Medical and Scientific Advisory Council) recommendations regarding doses of clotting factor concentrate in the home. MASAC Document #242. Adopted on June 7, 2016. Available at: <https://www.hemophilia.org/sites/default/files/document/files/242.pdf>. Accessed on November 27, 2024.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	11/08/2023
Annual Revision	No criteria changes.	12/04/2024