VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Hemophilia – Alhemo Prior Authorization Policy
- Alhemo® (concizumab-mtci subcutaneous injection – NovoNordisk)

REVIEW DATE: 01/29/2025

OVERVIEW

Alhemo, a tissue factor pathway inhibitor antagonist, is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and pediatric patients ≥ 12 years of age with 1) hemophilia A (congenital Factor VIII deficiency) with Factor VIII inhibitors, or 2) hemophilia B (congenital Factor IX deficiency) with Factor IX inhibitors.[1]

Alhemo is recommended to be given as a 1 mg/kg loading dose on Day 1 as a subcutaneous (SC) injection once daily (QD).[1] On Day 2, the maintenance dose of 2 mg/kg Alhemo SC QD is recommended with individualization doses based on Alhemo concentrations obtained at 4 weeks following initiation of treatment. After proper training, Alhemo may be self-administered.

Disease Overview

Hemophilia A and B are genetic bleeding disorders caused by a dysfunction or a deficiency of coagulation Factor VIII and Factor IX, respectively.[2-7] Because hemophilia is an X-linked condition, males are primarily impacted. Patients who have these types of hemophilias are not able to properly form clots in blood and may bleed for a longer time than normal following injury or surgery. Patients may also experience spontaneous bleeding in muscles, joints, and organs. Bleeds may be life-threatening. A main morbidity is hemophilic arthropathy, which limits mobility. It is estimated that 33,000 males are living with hemophilia in the US; hemophilia A accounts for around 80% of the cases (approximately 26,400 patients) and hemophilia B comprises 20% of cases (around 6,600 patients). Hemophilias are often classified as mild, moderate, or severe based on reduced Factor VIII or IX levels. Approximately 50% and 30% of patients with hemophilia A and hemophilia B, respectively, have severe disease. The formation of inhibitors (antibodies) to factor products is a challenging complication as it causes Factor VIII and Factor IX therapies to be ineffective, which increases bleeding frequency and severity. Inhibitors develop in around 30% and 10% of patients with severe hemophilia A and hemophilia B, respectively.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Alhemo. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Alhemo as well as the monitoring required for adverse events and long-term efficacy, approval requires Alhemo to be prescribed by or in consultation with a hemophilia specialist.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

1. **Hemophilia A with Factor VIII Inhibitors.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 12 years of age; AND
     - **ii.** Patient is using Alhemo for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
     - **iii.** Patient meets BOTH of the following (a and b):
       - **a)** Factor VIII inhibitor titer testing has been performed within the past 30 days; AND
       - **b)** Patient has a positive test for Factor VIII inhibitors of ≥ 0.6 Bethesda units/mL; AND
     - **iv.** The medication is prescribed by or in consultation with a hemophilia specialist; OR
   - **B)** Patient is Currently Receiving Alhemo. Approve if the patient meets ALLof the following (i, ii, and iii):
     - **i.** Patient is using Alhemo for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
     - **ii.** The medication is prescribed by or in consultation with a hemophilia specialist; AND
     - **iii.** According to the prescriber, patient experienced a beneficial response to therapy.
       Note: Examples of a beneficial response to therapy include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeds.

2. **Hemophilia B with Factor IX Inhibitors.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 12 years of age; AND
     - **ii.** Patient is using Alhemo for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
     - **iii.** Patient meets BOTH of the following (a and b):
       - **a)** Factor IX inhibitor titer testing has been performed within the past 30 days; AND
       - **b)** Patient has a positive test for Factor IX inhibitors of ≥ 0.6 Bethesda units/mL; AND
     - **iv.** The medication is prescribed by or in consultation with a hemophilia specialist; OR
   - **B)** Patient is Currently Receiving Alhemo. Approve if the patient meets ALL of the following (i, ii, and iii):
     - **i.** Patient is using Alhemo for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
     - **ii.** The medication is prescribed by or in consultation with a hemophilia specialist; AND
     - **iii.** According to the prescriber, patient experienced a beneficial response to therapy.
       Note: Examples of a beneficial response to therapy include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeds.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Alhemo is not recommended in the following situations:

1. **Concurrent Use with Hemlibra (emicizumab-kxwh subcutaneous injection).** Hemlibra is a bispecific factor IXa- and Factor X-directed antibody indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and pediatric patients ages newborn and older with

hemophilia A (congenital factor VIII deficiency) with or without factor VIII inhibitors.[8] Alhemo has not been studied concurrently with Hemlibra.

2. **Concurrent Use with Hympavzi (marstacimab-hncq subcutaneous injection).** Hympavzi, a tissue factor pathway inhibitor antagonist, is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients ≥ 12 years of age with 1) hemophilia A (congenital Factor VIII deficiency) without Factor VIII inhibitors, and 2) hemophilia B (congenital Factor IX deficiency) without Factor IX inhibitors.[9] Alhemo and Hympavzi should not be used concomitantly.

3. **Concurrent Use of Bypassing Agents for Routine Prophylaxis.** Alhemo has not been studied with bypassing agents for routine prophylaxis.
   Note: Use of bypassing agents for the treatment of breakthrough bleeding is permitted. Examples of bypassing agents include NovoSeven RT (coagulation Factor VIIa [recombinant] intravenous infusion), Sevenfact (Factor VIIa [recombinant]-jncw intravenous infusion), and FEIBA (anti-inhibitor coagulant complex intravenous infusion).

4. **Patient Receiving Immune Tolerance Induction Therapy.** The safety and efficacy of concomitant use of Alhemo in patients undergoing immune tolerance induction have not been established.

5. 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. Alhemo® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; December 2024.
2. Mancuso ME, Mahlangu JN, Pipe SW. The changing treatment landscape in haemophilia: from standard half-life clotting factor concentrates to gene editing. *Lancet*. 2021;397:630-640.
3. Franchini M, Mannucci PM. The more recent history of hemophilia treatment. *Semin Thromb Hemost*. 2022;48(8):904-910.
4. Croteau SE. Hemophilia A/B. *Hematol Oncol Clin North Am*. 2022;36(4):797-812.
5. Centers for Disease Control and Prevention. Data and statistics on hemophilia. Available at: https://www.cdc.gov/hemophilia/data-research/. Accessed on January 2, 2025.
6. National Bleeding Disorders Foundation. Hemophilia A: An overview of symptoms, genetics, and treatments to help you understand hemophilia A. Available at: https://www.bleeding.org/bleeding-disorders-a-z/types/hemophilia-a. Accessed on January 2, 2025.
7. National Hemophilia Foundation. Hemophilia B. An overview of symptoms, genetics, and treatments to help you understand hemophilia B. Available at: https://www.hemophilia.org/bleeding-disorders-a-z/types/hemophilia-b. Accessed on January 2, 2025.
8. Hemlibra® subcutaneous injection [prescribing information]. South San Francisco, CA and Tokyo, Japan: Genentech/Roche and Chugai; January 2024.
9. Hympavzi™ subcutaneous injection [prescribing information]. New York, NY: Pfizer; October 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	01/29/2025