

PRIOR AUTHORIZATION POLICY

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

REVIEW DATE: 11/02/2022

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.¹ 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).^{1,2} FEIBA is produced from pooled human plasma.¹

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.³ 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 Hemophilia Foundation Medical and Scientific Advisory Council (MASAC) guidelines (updated March 2022) 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.²

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of FEIBA. 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 these agents 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

1. **Hemophilia A with Inhibitors.** Approve for 1 year if the patient meets the following criteria (A and B):
 - A) Patient meets one of the following (i, ii, or iii):
 - i. Patient has a positive inhibitor titer ≥ 5 Bethesda Units; OR

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- 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.
2. **Hemophilia B with Inhibitors.** Approve for 1 year if the patient meets the following criteria (A and B):
- A) Patient meets one of the following (i, ii, or iii):
 - i. Patient has a positive inhibitor titer ≥ 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 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.

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; February 2020.
2. MASAC (Medical and Scientific Advisory Council) recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders (Revised March 2022). MASAC Document #272. Adopted on April 27, 2022. Available at: <https://www.hemophilia.org/healthcare-professionals/guidelines-on-care/masac-documents/masac-document-272-masac-recommendations-concerning-products-licensed-for-the-treatment-of-hemophilia-and-other-bleeding-disorders>. Accessed on October 28, 2022.
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.