Medicare Advantage Medical Utilization Review Policy

Policy:	**Hemophilia – FEIBA Utilization Management Medical Policy** • Hemophilia – FEIBA® (anti-inhibitor coagulant complex intravenous infusion – Baxalta/Takeda)
Date:	11/08/2023
Applicable Lines of Business:	Medicare Advantage - Medical
Applicable States:	NCD 110.3 - All States

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 February 2020) 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]

Dosing Information

Dosing of clotting factor concentrates is highly individualized. MASAC provides recommendations regarding doses of clotting factor concentrate in the home (2016).[4] 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.[1] 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 indication(s). All approvals are provided for the duration noted below.

This policy incorporates Medicare coverage guidance as set forth in National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), as well as in companion policy articles and other guidance applicable to the relevant service areas. These documents are cited in the References section of this policy. In some cases, this guidance includes specific lists of HCPCS and ICD-10 codes to help inform the coverage determination process. The Articles that include specific lists for billing and coding purposes will be included in the Reference section of this policy. However, to the extent that this policy cites such lists of HCPCS and ICD-10 codes, they should be used for reference purposes only. The presence of a specific HCPCS or ICD-10 code in a chart or companion article to an LCD is not by itself sufficient to approve coverage. Similarly, the absence of such a code does not necessarily mean that the applicable condition or diagnosis is excluded from coverage.

Note: Conditions for coverage outlined in this Medicare Advantage Medical Policy may be less restrictive than those found in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles. Examples of situations where this clinical policy may be less restrictive include, but are not limited to, coverage of additional indications supported by CMS-approved compendia and the exclusion from this policy of additional coverage criteria requirements outlined in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

1. Hemophilia A with Inhibitors.

Criteria. Approve for 1 year if the patient meets one of the following (A, B, or C):
A) Patient has a positive inhibitor titer ≥ 5 Bethesda Units; OR
B) 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
C) 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.

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

2. Hemophilia B with Inhibitors.

Criteria. Approve for 1 year if the patient meets one of the following (A, B, or C):
A) Patient has a positive inhibitor titer ≥ 5 Bethesda Units; OR
B) 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

C) 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.

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

CONDITIONS NOT RECOMMENDED FOR APPROVAL

FEIBA has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

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® for intravenous use [prescribing information]. Lexington, MA: Shire/Takeda; December 2018.
2. MASAC (Medical and Scientific Advisory Council) recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders (Revised April 2018). MASAC Document #263. Adopted on September 3, 2020. Available at: https://www.hemophilia.org/node/3675. Accessed on October 12, 2020.
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 October 26, 2020.
5. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) for ANTI-INHIBITOR COAGULANT COMPLEX (AICC) (110.3). [Version Number 1, Effective date: "not posted." Accessed on December 12, 2023].
6. Centers for Medicare and Medicaid Services. Palmetto GBA. Local Coverage Article: Billing and Coding: Guidance for ANTI-INHIBITOR COAGULANT COMPLEX (AICC) National Coverage Determination (NCD) 110.3 (A56065). [Original effective date: 08/20/2018; Revision effective date: 11/24/2022). Accessed on December 12, 2023.
7. Centers for Medicare and Medicaid Services. Novitas Solutions, Inc. Local Coverage Article: Billing and Coding: Hemophilia Factor Products (A56433) [Original effective date: 04/25/2019; Revision effective date: 10/01/2023]. Accessed on December 12, 2023.
8. Centers for Medicare and Medicaid Services. First Coast Service Options, Inc. Local Coverage Article: Billing and Coding: Hemophilia Clotting Factors (A56482) [Original effective date: 1/8/2019; Revision effective date: 10/01/2023]. Accessed on December 12, 2023.

HISTORY

Type of Revision	Summary of Changes*	Date
Policy created	New Medicare Advantage Medical Policy	02/05/2020
Policy revision	Added the following to the Policy Statement "Note: Conditions for coverage outlined in this Medicare Advantage Medical Policy may be less restrictive than those found in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles. Examples of situations where this clinical policy may be less restrictive include, but are not limited to, coverage of additional indications supported by CMS-approved compendia and the exclusion from this policy of additional coverage criteria requirements outlined in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles."	04/03/2020

Policy revision	**Hemophilia A with Inhibitors** and **Hemophilia B with Inhibitors:** Criteria were added requiring an inhibitor titer of ≥ 5 Bethesda Units, anamnestic response to Factor replacement, or refractoriness to increased Factor dosing.	11/04/2020
Policy review	No criteria changes.	11/02/2022
Policy review	No criteria changes.	11/08/2023