

Alhemo Prior Authorization

Drug Applied:	Alhemo
---------------	--------

Criteria:

Drug Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Approval Criteria

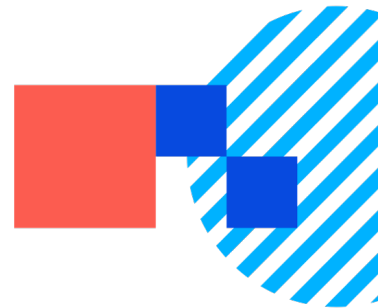
A. **Hemophilia A with inhibitors** and ALL of the following as indicated by chart notes within past 90 days:

1. If requested agent is Alhemo, patient must try and fail Hemlibra first **and**
2. Patient's inhibitor level is greater than or equal to 5 Bethesda Units (lab records required) **and**
3. If the patient is receiving Feiba for breakthrough bleeds, prescriber has counseled the patient on the maximum dosages of Feiba to be used (i.e., no more than 100 u/kg/24 hours) **and**
4. ALL of the following
 - a) Patient is ≥ 12 years of age **and**
 - b) Requested agent will be used as prophylaxis to prevent or reduce the frequency of bleeding episodes **and**
 - c) Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology) **and**
 - d) Patient will NOT be using the requested agent in combination with another prophylaxis agent (e.g., Hemlibra, Hympavzi) or a bypassing agent (e.g., Feiba, NovoSeven, Sevenfact) used for prophylaxis treatment (exception: on-demand treatment is acceptable to continue)

Approval Duration: 12 months

B. **Hemophilia B with inhibitors** and ALL of the following as indicated by chart notes within past 90 days:

1. Patient's inhibitor level is greater than or equal to 5 Bethesda Units (lab records required) **and**
2. If the patient is receiving Feiba for breakthrough bleeds, prescriber has counseled the patient on the maximum dosages of Feiba to be used (i.e., no more than 100 u/kg/24 hours) **and**
3. ALL of the following
 - a) Patient is ≥ 12 years of age **and**
 - b) Requested agent will be used as prophylaxis to prevent or reduce the



frequency of bleeding episodes **and**

- c) Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology) **and**
- d) Patient will NOT be using the requested agent in combination with another prophylaxis agent or a bypassing agent (e.g., Feiba, NovoSeven, Sevenfact) used for prophylaxis treatment (exception: on-demand treatment is acceptable to continue)

Approval Duration: 12 months

II. Continued Therapy Approval as follows

A. **Hemophilia A or B with inhibitors** as indicated by chart notes within past 12 months

- a) Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
- b) Patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days **and**
- c) The patient has shown clinical benefit since starting the requested agent (i.e., less breakthrough bleeds) **and**
- d) If the patient is receiving Feiba for breakthrough bleeds, prescriber has counseled the patient on the maximum dosages of Feiba to be used (i.e., no more than 100 u/kg/24 hours) **and**
- e) Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology) **and**
- f) Patient will NOT be using the requested agent in combination with another prophylaxis agent or a bypassing agent (e.g., Feiba, NovoSeven, Sevenfact) used for prophylaxis treatment (exception: on-demand treatment is acceptable to continue)

Approval Duration: 12 months

Policy Owned by: Curative PBM team