curative

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 **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