

PRIOR AUTHORIZATION POLICY

- POLICY:** Hemophilia – Altuviiiio Prior Authorization Policy
- Altuviiiio™ (antihemophilic factor [recombinant] Fc-VWF-XTEN fusion protein-ehtl intravenous infusion – Bioverativ/Sanofi)

REVIEW DATE: 02/28/2024; selected revision 12/04/2024

OVERVIEW

Altuviiiio, a recombinant DNA-derived Factor VIII concentrate, is indicated for use in **hemophilia A** in adults and children for:¹

- **Routine prophylaxis** to reduce the frequency of bleeding episodes.
- **On-demand treatment and control** of bleeding episodes.
- **Perioperative management** of bleeding.

It is notable that Altuviiiio has demonstrated a 3- to 4-fold prolonged half-life relative to other standard and extended half-life products.¹

Disease Overview

Hemophilia A is an X-linked bleeding disorder primarily impacting males caused by a deficiency in Factor VIII.²⁻⁵ In the US, the incidence of hemophilia A in males is 1:5,000 with an estimated 20,000 people in the US living with hemophilia A. The condition is characterized by bleeding in joints, either spontaneously or in a provoked joint by trauma. Bleeding can occur in many different body areas as well (e.g., muscles, central nervous system). The bleeding manifestations can lead to substantial morbidity such as hemophilic arthropathy. Disease severity is usually defined by the plasma levels or activity of Factor VIII classified as follows: severe (levels < 1% of normal), moderate (levels 1% to 5% of normal), and mild (levels > 5% to < 40% of normal); phenotypic expression may vary. Approximately 50% of patients with hemophilia A are categorized as having severe disease.

Guidelines

Guidelines have not addressed Altuviiiio. Guidelines for hemophilia from the National Bleeding Disorders Foundation (August 2023)⁶ and the World Federation of Hemophilia (2020)⁷ recognize the important role of Factor VIII products and Hemlibra® (emicizumab-kxwh subcutaneous injection) in the management of hemophilia A in patients. The National Bleeding Disorders Foundation recognize Altuviiiio as a product with a prolonged half-life.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Altuviiiio. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Altuviiiio, as well as the monitoring required for adverse events and long-term efficacy, the agent is required to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

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RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indication

1. **Hemophilia A.** 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, and iii):
 - i. Altuviiiio is being used in at least ONE of the following scenarios (a, b, or c):
 - a) Routine prophylaxis; OR
 - b) On-demand treatment and control of bleeding episodes; OR
 - c) Perioperative management of bleeding; AND
 - ii. Patient meets ONE of the following (a or b):
 - a) Patient meets BOTH of the following [(1) and (2)]:
 - (1) Factor VIII inhibitor testing has been performed within the past 30 days; AND
 - (2) Patient does not have a positive test for Factor VIII inhibitors ≥ 1.0 Bethesda units/mL;OR
 - b) Patient has not received Factor VIII therapy in the past; AND
 - iii. Medication is prescribed by or in consultation with a hemophilia specialist.
 - B) **Patient Currently Receiving Altuviiiio or Has Received Altuviiiio in the Past.** Approve if the patient meets ALL of the following (i, ii, and iii):
 - i. Altuviiiio is being used in at least ONE of the following scenarios (a, b, or c):
 - a) Routine prophylaxis; OR
 - b) On-demand treatment and control of bleeding episodes; OR
 - c) Perioperative management of bleeding; AND
 - ii. Patient meets ONE of the following (a or b):
 - a) Patient meets BOTH of the following [(1) and (2)]:
 - (1) Factor VIII inhibitor testing has been performed within the past 365 days; AND
 - (2) Patient does not have a positive test for Factor VIII inhibitors ≥ 1.0 Bethesda units/mL;OR
 - b) According to the prescriber, the patient does not have clinical manifestations suggesting the presence of Factor VIII inhibitors; AND
Note: Inhibitors may be present if bleeding is not well controlled, there is decreased responsiveness to Factor VIII therapy, and/or if expected Factor VIII activity plasma levels are not achieved.
 - iii. Medication is prescribed by or in consultation with a hemophilia specialist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Altuviiiio 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. Altuviiiio™ intravenous infusion [prescribing information]. Waltham, MA: Bioverativ/Sanofi; March 2023.
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. Croteau SE. Hemophilia A/B. *Hematol Oncol Clin North Am*. 2022;36(4):797-812.
4. Franchini M, Mannucci PM. The more recent of hemophilia treatment. *Semin Thromb Hemost*. 2022;48(8):904-910.
5. Peyvandi F, Garagiola I, Young G. The past and future of haemophilia: diagnosis, treatments and its complications. *Lancet*. 2016;388(10040):187-197.

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6. National Bleeding Disorders Foundation. MASAC (Medical and Scientific Advisory Council) recommendations concerning products licensed for the treatment of hemophilia and selected disorders of the coagulation system (Revised August 2023). MASAC Document #280. Endorsed on August 20, 2023. Available at: <https://www.hemophilia.org/sites/default/files/document/files/MASAC-Products-Licensed.pdf>. Accessed on February 21, 2024.
7. Srivastava A, Santagostino E, Dougall A, et al, on behalf of the WFH guidelines for the management of hemophilia panelists and coauthors. WFH guidelines for the management of hemophilia, 3rd edition. *Haemophilia*. 2020;26(Suppl 6):1-158.