PRIOR AUTHORIZATION POLICY

POLICY: Hemophilia Factor IX Products Prior Authorization Policy

Extended Half-Life Recombinant Products

- Alprolix® (Coagulation Factor IX [recombinant] Fc fusion protein injection – Bioverativ)
- Idelvion (Coagulation Factor IX [recombinant] albumin fusion protein injection – CSL Behring)
- Rebinyn® (Coagulation Factor IX [recombinant] glycoPEGylated injection – NovoNordisk)

Standard Half-Life Recombinant Products

- BeneFIX® (Coagulation Factor IX [recombinant] injection – Wyeth/Pfizer)
- Ixinity® (Coagulation Factor IX [recombinant] injection – Aptevo BioTherapeutics)
- Rixubis® (Coagulation Factor IX [recombinant] injection – Baxalta)

Plasma-Derived Products

- AlphaNine® SD (Coagulation Factor IX [plasma-derived] injection – Grifols)
- Mononine® (Coagulation Factor IX [plasma-derived] injection – CSL Behring)
- Profilnine® (Factor IX Complex [plasma-derived] injection – Grifols)

REVIEW DATE: 03/03/2021

OVERVIEW

Alprolix, Idelvion, and Rebinyn are extended half-life recombinant Factor IX products; BeneFIX, Ixinity and Rixubis are standard half-life recombinant Factor IX products; and AlphaNine SD, Mononine, and Profilnine plasma-derived Factor IX products.[7-9] All agents are indicated in various clinical scenarios for use in the management of patients with hemophilia B.

Profilnine is used in patients with Factor II and/or X deficiency.[10] Some data are available, albeit limited.

Disease Overview

Hemophilia B is a recessive X-linked bleeding disorder caused by mutations in the factor IX gene that leads to the deficiency or absence of the coagulation factor IX.[11-14] It occurs in 1 out of 30,000 male births and affects about 5,000 people in the US. Hemophilia B predominantly occurs in males; however, approximately 10% of females are carriers and are at risk of usually mild bleeding. The severity of bleeding depends on the degree of the factor IX defect and the phenotypic expression. Factor levels of <1%, 1% to 5%, and > 5% to < 40% are categorized as severe, moderate, and mild hemophilia B, respectively. Patients with mild hemophilia B may only experience abnormal bleeding during surgery, during tooth extractions, or when injured. Patients with moderate hemophilia B generally have prolonged bleeding responses to minor trauma. Severe hemophilia B is marked by spontaneous bleeding such as spontaneous hemarthrosis, soft-tissue hematomas, retroperitoneal bleeding, intracerebral hemorrhage, and delayed bleeding post-surgery. Complications from recurrent bleeding and soft-tissue hematomas include severe arthropathy, and joint contractures, which may lead to pain and disability. The main treatment of hemophilia B is replacement of missing blood coagulation with Factor IX products. Factor IX replacement therapy may be used on-demand when bleeding occurs or given as routine prophylaxis with scheduled infusions. Both plasma-derived and recombinant Factor IX products are available. In general, prophylactic therapy has been associated with a reduction in bleeds and improved outcomes for selected patients (e.g., patients with moderate or severe factor IX deficiency). The goal of therapy is to prevent uncontrolled internal hemorrhage and severe joint damage and to properly manage bleeding episodes. The development of

inhibitors occurs at a lower frequency in patients with severe hemophilia B compared with severe hemophilia A but can occur in up to 5% of patients. Higher doses than that typically used for the uses of standard half-life products can be given if the patient develops an inhibitor.

Guidelines

Guidelines for hemophilia from the National Hemophilia Foundation (2020)[13] and the World Federation of Hemophilia (2020)[14] recognize the important role of Factor IX products in the management of hemophilia B in patients.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of the following Factor IX products: Alprolix, Idelvion, Rebinyn, BeneFIX, Ixinity, Rixubis, AlphaNine, Mononine, and Profilnine. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with recombinant Factor IX products, 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.

RECOMMENDED AUTHORIZATION CRITERIA

I. Coverage of Alprolix, Idelvion, Rebinyn, BeneFIX, Ixinity, and Rixubis is recommended for patients who meet the following criteria:

FDA-Approved Indications

1. **Hemophilia B.** Approve for 1 year if the agent is prescribed by or in consultation with a hemophilia specialist.

II. Coverage of AlphaNine SD, Mononine, and Profilnine is recommended for patients who meet the following criteria:

FDA-Approved Indications

1. **Hemophilia B.** Approve for 1 year if the agent is prescribed by or in consultation with a hemophilia specialist.

III. Coverage of Profilnine is recommended for patients who meet the following criteria:

Other Uses with Supportive Evidence

2. **Factor II Deficiency.** Approve Profilnine for 1 year if the agent is prescribed by or in consultation with a hemophilia specialist.

3. **Factor X Deficiency.** Approve Profilnine for 1 year if the agent is prescribed by or in consultation with a hemophilia specialist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of the cited Factor IX products 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. Alprolix® lyophilized powder for intravenous injection [prescribing information]. Waltham, MA: Bioverativ; October 2020.
2. Idelvion® lyophilized powder for solution for intravenous injection [prescribing information]. Kankakee, IL: CSL Behring; July 2020.
3. Rebinyn® lyophilized powder for solution for intravenous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; June 2020.
4. BeneFIX® injection for intravenous use [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals, Inc. (a subsidiary of Pfizer); June 2020.
5. Ixinity® solution for intravenous injection [prescribing information]. Seattle, WA: Aptevo BioTherapeutics; September 2020.
6. Rixubis® for intravenous injection [prescribing information]. Lexington, MA: Baxalta; June 2020.
7. AlphaNine® SD injection [prescribing information]. Los Angeles, CA: Grifols; June 2018.
8. Mononine® injection [prescribing information]. Kankakee, IL: CSL Behring; December 2018.
9. Profilnine® injection [prescribing information]. Los Angeles, CA: Grifols; June 2018.
10. Menegatti M, Peyvandi F. Treatment of rare factor deficiencies other than hemophilia. *Blood*. 2019;133(5):415-424.
11. Franchini M. Current management of hemophilia B: recommendations, complications and emerging issues. *Expert Rev Hematol.* 2014;7(5):573-581.
12. Peyvandi F, Garagiola I, Young G. The past and future of haemophilia: diagnosis, treatments, and its complications. *Lancet*. 2016;388(10040):187-197.
13. National Hemophilia Foundation. Medical and Scientific Advisory Council (MASAC) recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders (Revised August 2020). MASAC document #263. Available at: 263_treatment.pdf (hemophilia.org). Accessed on February 22, 2021.
14. Srivastava A, Santagostino E, Dougall A, on behalf of the WFH guidelines for the management of hemophilia panelists and co-authors. Guidelines for the management of hemophilia, 3rd edition. *Haemophilia*. 2020;26(Suppl 6):1-158. Available at: WFH Guidelines for the Management of Hemophilia, 3rd edition (wiley.com). Accessed on February 13, 2021.

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:
Provide free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1.866.631.5404 (TTY: 711)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1.866.631.5404 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً . اتصل بن اعلى رقم الهاتف 1.866.631.5404(رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_: य_द आप ि◌हंदी बोलते ह_ तो आपके ि◌लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請 致電 1.866.631.5404 (TTY:711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.866.631.5404 (TTY:711).