

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

antihemophilic factor- recombinant, fc-vwf-xten fusion protein-ehtl (Altuviio)

Notes:

- *Examples of failures to meet clinical goals: continuation of spontaneous bleeds, inability to achieve appropriate trough level, inability to tolerate (intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation)

Initiation (new start) criteria: Non-formulary **antihemophilic factor- recombinant, fc-vwf-xten fusion protein-ehtl (Altuviio)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of hemophilia A without inhibitors
- Prescribed for routine prophylaxis
- Previous treatment with formulary FVIII product (i.e. Kovaltry) with at least 150 documented exposure days and documented failure to meet clinical goals*
- Previous treatment with emicizumab-kxwh (Hemlibra) with at least 150 documented exposure days and documented failure to meet clinical goals*

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **antihemophilic factor- recombinant, fc-vwf-xten fusion protein-ehtl (Altuviio)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of hemophilia A without inhibitors
- Prescribed for routine prophylaxis
- Previous treatment with formulary FVIII product (i.e. Kovaltry) with at least 150 documented exposure days and documented failure to meet clinical goals*
- Previous treatment with emicizumab-kxwh (Hemlibra) with at least 150 documented exposure days and documented failure to meet clinical goals*

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **antihemophilic factor- recombinant, fc-vwf-xten fusion protein-ehtl (Altuviio)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of hemophilia A without inhibitors
- Prescribed for routine prophylaxis
- Previous treatment with formulary FVIII product (i.e. Kovaltry) with at least 150 documented exposure days and documented failure to meet clinical goals*
- Previous treatment with emicizumab-kxwh (Hemlibra) with at least 150 documented exposure days and documented failure to meet clinical goals*

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Revised: 02/08/24
Effective: 04/18/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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(Altuviio)

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary antihemophilic factor-recombinant, fc-vwf-xten fusion protein-ehf (Altuviio) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Documentation of positive clinical response to Altuviio (e.g. decrease in at least 1 spontaneous bleed per month from baseline or improved pain scores resulting in improved quality of life)

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