Reference number(s)
4869-A

STANDARD MEDICARE PART B MANAGEMENT

HUMATE-P [Antihemophilic Factor/von Willebrand Factor Complex (Human)]

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Humate-P is indicated for the following:
A. Hemophilia A – Treatment and prevention of bleeding in adults
B. Von Willebrand disease (VWD) – in adults and pediatric patients for:
   1. Treatment of spontaneous and trauma-induced bleeding episodes, and
   2. Prevention of excessive bleeding during and after surgery.
   3. Severe VWD as well as patients with mild to moderate
   4. VWD where the use of desmopressin is known or suspected to be inadequate
   5. Humate-P is not indicated for the prophylaxis of spontaneous bleeding episodes in VWD.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. Hemophilia A
Authorization of 12 months of Humate-P may be granted for treatment of hemophilia A when either of the following criteria is met:
1. Member has mild disease (see Appendix A) and has had an insufficient response to desmopressin or a documented clinical reason for not using desmopressin (see Appendix B).
2. Member has moderate or severe disease (see Appendix A).

B. Von Willebrand Disease (VWD)
Authorization of 12 months of Humate-P may be granted for treatment of VWD when any of the following criteria is met:
1. Member has type 1, 2A, 2M, or 2N VWD and has had an insufficient response to desmopressin or a documented clinical reason for not using desmopressin (see Appendix B).
2. Member has type 2B or type 3 VWD.

C. Acquired Hemophilia A
Authorization of 12 months of Humate-P may be granted for treatment of acquired hemophilia A.

D. Acquired von Willebrand Syndrome

Authorization of 12 months of Humate-P may be granted for treatment of acquired von Willebrand syndrome.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested medication.
B. The requested medication is being used to treat an indication enumerated in Section II.
C. The member is receiving benefit from therapy (e.g., reduced frequency or severity of bleeds).

Appendix A: Classification of Hemophilia by Clotting Factor Level (% Activity) and Bleeding Episodes[4]

Severity	Clotting Factor Level % activity*	Bleeding Episodes
Severe	<1%	Spontaneous bleeding episodes, predominantly into joints and muscles Severe bleeding with trauma, injury or surgery
Moderate	1% to 5%	Occasional spontaneous bleeding episodes Severe bleeding with trauma, injury or surgery
Mild	6% to 40%	Severe bleeding with serious injury, trauma or surgery

*Factor assay levels are required to determine the diagnosis and are of value in monitoring treatment response.

Appendix B: Clinical Reasons For Not Utilizing Desmopressin in Patients with Hemophilia A and Type 1, 2A, 2M and 2N VWD[6-9]

a. Age < 2 years
b. Pregnancy
c. Fluid/electrolyte imbalance
d. High risk for cardiovascular or cerebrovascular disease (especially the elderly)
e. Predisposition to thrombus formation
f. Trauma requiring surgery
g. Life-threatening bleed
h. Contraindication or intolerance to desmopressin
i. Severe type 1 von Willebrand disease

IV. REFERENCES

1. Humate-P [package insert]. Marburg, Germany: CSL Behring GmbH; September 2017.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed November 25, 2020.
3. National Institutes of Health. The diagnosis, evaluation, and management of von Willebrand disease. Bethesda, MD: US Dept of Health and Human Services, National Institutes of Health; 2007. NIH publication No. 08-5832.
4. Tiede A, Rand J, Budde U, et al. How I treat the acquired von Willebrand syndrome. *Blood*. 2011;117(25):6777-85.

5. Federici A, Budde U, Castaman G, Rand J, Tiede A. Current diagnostic and therapeutic approaches to patients with acquired von Willebrand syndrome: a 2013 update. *Semin Thromb Hemost*. 2013;39(2):191-201.
6. Srivastava A, Santagostino E, Dougall A, et al. WFH Guidelines for the Management of Hemophilia, 3rd edition. *Haemophilia*. 2020;26 Suppl 6:1-158. doi:10.1111/hae.14046.
7. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised August 2020. MASAC Document #263. https://www.hemophilia.org/sites/default/files/document/files/263_treatment.pdf. Accessed November 20, 2020.
8. National Hemophilia Foundation. MASAC recommendations regarding the treatment of von Willebrand disease. Revised November 2016. MASAC Document #244. https://www.hemophilia.org/sites/default/files/document/files/masac244.pdf. Accessed November 25, 2020.
9. Acquired hemophilia. World Federation of Hemophilia. http://www1.wfh.org/publications/files/pdf-1186.pdf. Accessed November 25, 2020.
10. Tiede A, Collins P, Knoebl P, et al. International recommendations on the diagnosis and treatment of acquired hemophilia A. *Haematologica.* 2020;105(7):1791-1801. doi:10.3324/haematol.2019.230771.
11. Franchini M, Mannucci PM. Acquired haemophilia A: a 2013 update. *Thromb Haemost*. 2013;110(6):1114-20.
12. National Hemophilia Foundation. Hemophilia A (Factor VIII Deficiency). Available at: http://www.hemophilia.org/NHFWeb/MainPgs/MainNHF.aspx?menuid=180&contentid=45&rptname=bleeding. Accessed November 25, 2020.
13. Stimate [package insert]. King of Prussia, PA: CSL Behring LLC; September 2019.
14. Leissinger C, Carcao M, Gill JC, et al. Desmopressin (DDAVP) in the management of patients with congenital bleeding disorders. *Haemophilia*. 2014;20:158-167.
15. Reding MT, NG HJ, Poulsen LH, et al. Safety and efficacy of BAY 94-9027, a prolonged-half-life factor VIII. *Journal of thrombosis and Haemostasis*. 2017; 15: 411-9.