Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Select Clotting Agents for Bleeding Disorders: Anti-Inhibitor Coagulant Complex [Feiba NF], Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]	MP-RX-FP-82-23	☒ MMM MA ☒ MMM Multihealth

Service Category

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☐ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☒ Part B DRUG

Service Description

This document addresses the use of Anti-Inhibitor Coagulant Complex [Feiba NF], *Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]* , a drug approved by the Food and Drug Administration (FDA) for the treatment of Hereditary factor IX deficiency disease with inhibitor.

Background Information

Factor X (FX), also called Stuart-Prower factor, can affect females and males equally. The factor X protein is involved in enzyme activation to help produce blood clots.

Factor XIII (FXIII), also called fibrin stabilizing factor, is considered the rarest factor deficiency, and can affect both genders equally. FXIII is responsible for stabilization of blood clots so that the clot doesn't break down and cause recurrent bleeds. FXIII circulates in plasma as FXIII A-subunits and FXIII B-subunits held together by strong bonds. FXIII A is the active unit in the coagulation cascade, while FXIII B acts as only the carrier molecule for subunit A. FXIII B itself does not provide any activity to correct B-subunit deficiencies.

Fibrinogen deficiencies are caused by a deficiency in factor I and includes three forms – afibrinogenemia (absent fibrinogen), hypofibrinogenemia (low levels of fibrinogen), and dysfibrinogenemia (abnormally functioning fibrinogen). Fibrinogen is normally produced in the liver and circulates in the body to help form clots and prevent bleeding. Factor I deficiencies can affect men and women equally.

Inhibitor development is the most common and a severe complication of factor replacement treatment, developing in approximately 15- 20% of people with hemophilia (CDC, 2014). Inhibitors are antibodies to replacement factors which reduce response to factor replacement therapy and may result in need for higher doses of factor products. In addition, the use of other agents, such as bypassing agents, does not replace the missing factor "but go around or (bypass) the factors that are blocked by the inhibitor to help the body form a normal clot" (CDC, 2014) to control bleeding episodes. The FDA-approved bypassing agents are FEIBA, NovoSeven RT, and SevenFact.

Policy Name	Policy Number	Scope
Select Clotting Agents for Bleeding Disorders: Anti-Inhibitor Coagulant Complex [Feiba NF], Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]	MP-RX-FP-82-23	☒ MMM MA ☒ MMM Multihealth

FEIBA, NovoSeven RT, and SevenFact all have black box warnings for thromboembolic events, particularly after high doses and/or in patients with thrombotic risk factors. Monitoring for signs and symptoms of thromboembolic events is recommended.

Clinical Criteria:

Coagadex (Human-plasma derived Coagulation Factor X)

Initial requests for Coagadex (Human-plasma derived Coagulation Factor X) may be approved if the following criteria are met:

I. Individual has a diagnosis of severe or moderate hereditary Factor X deficiency (defined as less than 5 IU/dL or 5% endogenous Factor X) (NHf, Srivastava 2020); **AND**
II. Individual is using for one of the following:
A. Treatment of acute bleeding episodes; **OR**
B. Peri-procedural management for surgical, invasive or interventional radiology procedures; **OR**
C. Routine prophylaxis to prevent or reduce the frequency of bleeding episodes;

OR
III. Individual has a diagnosis of mild hereditary Factor X deficiency (defined as greater than or equal to 5 IU/dL or 5% endogenous Factor X) (NHF, Srivastava 2020); **AND**
IV. Individual is using for one of the following:
A. Treatment of acute bleeding episodes; **OR**
B. Peri-procedural management for surgical, invasive or interventional radiology procedures; **OR**
C. Routine prophylaxis to prevent or reduce the frequency of bleeding episodes when there is documentation of one of the following:
1. One or more episodes of spontaneous bleeding into joint; **OR**
2. One or more episodes severe, life-threatening, of spontaneous bleeding as determined by the prescriber; **OR**
3. Severe phenotype hemophilia determined by the individual's risk factors that increase the risk of a clinically significant bleed, including but not limited to, participation in activities likely to cause injury/trauma, procoagulant and anticoagulant protein levels, comorbid conditions affecting functional ability and physical coordination, or history of a clinically significant bleed.

Continuation requests for Coagadex (Human-plasma derived Coagulation Factor X) may be approved if the following criteria are met:
I. Individual has had a positive therapeutic response to treatment (for example, reduction in frequency and/or severity of bleeding episodes).

Policy Name	Policy Number	Scope
Select Clotting Agents for Bleeding Disorders: Anti-Inhibitor Coagulant Complex [Feiba NF], Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]	MP-RX-FP-82-23	☒ MMM MA ☒ MMM Multihealth

Coagadex (Human-plasma derived Coagulation Factor X) **may not be approved** for the following:
I. Individual with severe hereditary Factor X deficiency is using for perioperative management of bleeding in major surgery; **OR**
II. When the above criteria are not met and for all other indications.

FEIBA (Anti-inhibitor Coagulant Complex)

Initial requests for FEIBA (Anti-inhibitor Coagulant Complex) may be approved if the following criteria are met:
I. Individual has a diagnosis of hemophilia A or B with inhibitors to Factor VIII or Factor IX; **AND**
II. Individual is using for one of the following:
- A. Treatment of bleeding episodes; **OR**
- B. Peri-procedural operative management for surgical, invasive, or interventional radiology procedures; **OR**
- C. Routine prophylaxis to prevent or reduce the frequency of bleeding episodes.

Continuation requests for FEIBA (Anti-inhibitor Coagulant Complex) may be approved if the following criteria are met:
- I. Individual has had a positive therapeutic response to treatment (for example, reduction in frequency and/or severity of bleeding episodes).

FEIBA (Anti-inhibitor Coagulant Complex) **may not be approved** for the following:

I. Individual is using to treat bleeding episodes resulting from coagulation factor deficiencies in the absence of inhibitors to coagulation Factor VIII or coagulation Factor IX; **OR**
II. When the above criteria are not met and for all other indications.

NovoSeven RT (Factor VIIa Recombinant)

Initial requests for NovoSeven RT (Factor VIIa recombinant) may be approved if the following criteria are met:
I. Individual has one of the following diagnoses:
A. Hemophilia A or B with inhibitors to Factor VIII or Factor IX; **OR**
B. Acquired hemophilia; **OR**

Policy Name	Policy Number	Scope
Select Clotting Agents for Bleeding Disorders: Anti-Inhibitor Coagulant Complex [Feiba NF], Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]	MP-RX-FP-82-23	☒ MMM MA ☒ MMM Multihealth

C. Congenital Factor VII deficiency; **AND**
II. Individual is using for one of the following:
A. Individual is using for treatment of bleeding episodes; **OR**
B. Individual is using in the prevention of bleeding in surgical interventions or invasive procedures;

OR
III. Individual has a diagnosis of Glanzmann's thrombasthenia; **AND**
IV. Individual is using for the treatment of bleeding episodes and peri-operative management related to diagnosis; **AND**
V. Individual has documented refractoriness to platelet transfusions with or without antibodies to platelets.

Continuation requests for NovoSeven RT (Factor VIIa recombinant) may be approved if the following criteria are met:
I. Individual has had a positive therapeutic response to treatment (for example, reduction in frequency and/or severity of bleeding episodes).

NovoSeven RT (Factor VIIa recombinant) **may not be approved** when the above criteria are not met and for all other indications.

RiaSTAP (Human plasma-derived Fibrinogen concentrate) or Fibryga (Human fibrinogen)

Initial requests for RiaSTAP (Human plasma-derived Fibrinogen concentrate) or Fibryga (Human fibrinogen) may be approved if the following criteria are met:

I. Individual has a diagnosis of congenital fibrinogen deficiency (afibrinogenemia or hypofibrinogenemia); **AND**
II. Individual is using for the treatment of acute bleeding episodes.

Continuation requests for RiaSTAP (Human plasma-derived Fibrinogen concentrate) or Fibryga (Human fibrinogen) may be approved if the following criteria are met:
I. Individual has had a positive therapeutic response to treatment (for example, reduction in frequency and/or severity of bleeding episodes).

RiaSTAP (Human plasma-derived Fibrinogen concentrate) or Fibryga (Human fibrinogen) **may not be approved** for the following:
I. Individual has a diagnosis of dysfibrinogenemia; OR
II. When the above criteria are not met and for all other indications.

SevenFact (Factor VIIa Recombinant)

Policy Name	Policy Number	Scope
Select Clotting Agents for Bleeding Disorders: Anti-Inhibitor Coagulant Complex [Feiba NF], Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]	MP-RX-FP-82-23	☒ MMM MA ☒ MMM Multihealth

Initial requests for SevenFact (Factor VIIa Recombinant) may be approved if the following criteria are met:
I. Individual is 12 years of age or older; **AND**
II. Individual has a diagnosis of hemophilia A or B with inhibitors to Factor VIII or Factor IX; **AND**
III. Individual is using for the treatment and control of bleeding episodes.

Continuation requests for SevenFact (Factor VIIa Recombinant) may be approved if the following criteria are met:
I. Individual has had a positive therapeutic response to treatment (for example, reduction in frequency and/or severity of bleeding episodes).

SevenFact (Factor VIIa Recombinant) **may not be approved** for the following:
I. Individual is using for the treatment of congenital factor VII deficiency; **OR**
II. Individual is using to treat bleeding episodes resulting from coagulation factor deficiencies in the absence of inhibitors to coagulation Factor VIII or coagulation Factor IX; **OR**
III. When the above criteria are not met and for all other indications.

Tretten or Corifact (Factor XIII)

Initial requests for Corifact (Human Plasma-derived, Factor XIII) may be approved if the following criteria are met:
I. Individual has a diagnosis of Factor XIII deficiency; **AND**
II. Individual is using for routine prophylactic treatment to prevent or reduce the frequency of bleeding episodes; **OR**
III. Individual is using for peri-procedural management for surgical, invasive or interventional radiology procedures.
Initial requests for Tretten (Recombinant Factor XIII A-Subunit) may be approved if the following criteria are met:
I. Individual has a diagnosis of congenital Factor XIII A-Subunit deficiency; **AND**
II. Individual is using as routine prophylaxis for bleeding.

Continuation requests for Corifact (Human Plasma-derived, Factor XIII) or Tretten (Recombinant Factor XIII A-Subunit) may be approved if the following criteria are met:
I. Individual has had a positive therapeutic response to treatment (for example, reduction in frequency and/or severity of bleeding episodes).

Corifact (Human Plasma-derived, Factor XIII) **may not be approved** for the following:
I. When the above criteria are not met and for all other indications.

Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope	
Select Clotting Agents for Bleeding Disorders: Anti-Inhibitor Coagulant Complex [Feiba NF], Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]	MP-RX-FP-82-23	☒ MMM MA	☒ MMM Multihealth

Tretten (Recombinant Factor XIII A-Subunit) **may not be approved** for the following:
II. Individual with congenital Factor XIII B-subunit deficiency; OR
III. When the above criteria are not met and for all other indications.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Anti-inhibitor Coagulant Complex (FEIBA)

HCPCS	Description
J7198	Anti-inhibitor; per IU [FEIBA]

ICD-10	Description
D66	Hereditary factor VIII deficiency [hemophilia A]
D67	Hereditary factor IX deficiency [hemophilia B]
D68.311	Acquired hemophilia
D68.318	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
Z29.8	Encounter for other specified prophylactic measure
Z79.899	Other long term (current) drug therapy [prophylactic]

Factor VIIa Recombinant (NovoSeven RT)

HCPCS	Description
J7189	Factor VIIa (Anti-hemophilic factor, recombinant), per 1 microgram [NovoSeven RT]

ICD-10	Description
D66	Hereditary factor VIII deficiency [hemophilia A]
D67	Hereditary factor IX deficiency [hemophilia B]
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D68.318	Hemorrhagic disorder due to intrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D69.1	Qualitative platelet defects [when specified as Glanzmann's thrombasthenia]
Z79.899	Other long term (current) drug therapy

Factor X (Coagadex)

HCPCS	Description
J7175	Injection, factor X, (human), 1 I.U. [Coagadex]

ICD-10	Description
D68.2	Hereditary deficiency of other clotting factors
D68.8	Other coagulation defects
D68.9	Acquired hemophilia

Policy Name	Policy Number	Scope
Select Clotting Agents for Bleeding Disorders: Anti-Inhibitor Coagulant Complex [Feiba NF], Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]	MP-RX-FP-82-23	☒ MMM MA ☒ MMM Multihealth

Factor XIII (Corifact, Tretten)

HCPCS	Description
J7180	Injection, factor XIII (Anti-hemophilic factor, human), 1 I.U. [Corifact]
J7181	Injection, factor XIII A-subunit, (recombinant), per IU [Tretten]

ICD-10	Description
D68.2	Hereditary deficiency of other clotting factors
Z29.8	Encounter for other specified prophylactic measure
Z79.899	Other long term (current) drug therapy

Fibrinogen Concentrate, Human plasma-derived (RiaSTAP); Human fibrinogen (Fibryna)

HCPCS	Description
J7177	Injection, human fibrinogen concentrate, 1 mg [Fibryga]
J7178	Injection, human fibrinogen concentrate, 1 mg [RiaSTAP]

ICD-10	Description
D68.2	Hereditary deficiency of other clotting factors

SevenFact (Factor VIIa Recombinant)

HCPCS	Description
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram

ICD-10	Description
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.0	Von Willebrand's disease
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D69.1	Qualitative platelet defects

Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Select Clotting Agents for Bleeding Disorders: Anti-Inhibitor Coagulant Complex [Feiba NF], Coagulation Factor X, Human plasma-derived [Coagadex], Factor IIa Recombinant [Novoseven RT, SevenFact], Factor XIII [Corifact, Tretten], Fibrinogen Concentrate [RiaSTAP, Fibryga]	MP-RX-FP-82-23	☒ MMM MA ☒ MMM Multihealth

Reference Information

1. Centers for Disease Control and Prevention. Hemophilia Facts. Available at: http://www.cdc.gov/ncbddd/hemophilia/facts.html.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: http://www.clinicalpharmacology.com. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: September 29, 2022.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
6. National Hemophilia Foundation (NHF). Available at: http://www.hemophilia.org/. Accessed on September 29, 2022.
7. National Hemophilia Foundation (NHF). Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Other Bleeding Disorders. September 2020. Available at https://www.hemophilia.org/Researchers-Healthcare-Providers/Medicaland-Scientific-Advisory-Council-MASAC/MASAC-Recommendations/MASAC-Recommendations-Concerning-Products-Licensedfor-the-Treatment-of-Hemophilia-and-Other-Bleeding-Disorders. Accessed on September 29, 2022.
8. Srivastava A, Santagostino E, Dougall A, et al. World Federation of Hemophilia. Guidelines for the management of hemophilia. Haemophilia. 3rd edition. August 2020. Available at https://onlinelibrary.wiley.com/doi/epdf/10.1111/hae.14046. Accessed on September 29, 2022.

Policy History

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Policy Inception	Elevance Health's Medical Policy adoption.	N/A	11/30/2023

Revised: 6/12/23