SPECIALTY GUIDELINE MANAGEMENT

HEMLIBRA (emicizumab-kxwh)

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 Indications

Hemlibra is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients with hemophilia A (congenital factor VIII deficiency) with or without factor VIII inhibitors.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for treatment of hemophilia A (congenital factor VIII deficiency).

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members (including new members) who meet all initial authorization criteria and achieve or maintain reduction in the frequency of bleeding episodes.

IV. REFERENCES