

SPECIALTY GUIDELINE MANAGEMENT

FEIBA (anti-inhibitor coagulant 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.

- A. FDA-Approved Indication
Hemophilia A and hemophilia B with inhibitors
- B. Compendial Use
Acquired hemophilia A

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

II. CRITERIA FOR INITIAL APPROVAL

- A. **Hemophilia A with Inhibitors**
Indefinite authorization may be granted for treatment of hemophilia A with inhibitors (see Appendix) when the inhibitor titer is ≥ 5 Bethesda units per milliliter (BU/mL).
- B. **Hemophilia B with Inhibitors**
Indefinite authorization may be granted for treatment of hemophilia B with inhibitors (see Appendix) when the inhibitor titer is ≥ 5 Bethesda units per milliliter (BU/mL).
- C. **Acquired Hemophilia A**
Indefinite authorization may be granted for treatment of acquired hemophilia A.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

IV. APPENDIX

Appendix: Inhibitors - Bethesda Units (BU)

The presence of inhibitors is confirmed by a specific blood test called the Bethesda inhibitor assay.

- High-titer inhibitors:
 - ≥ 5 BU/mL
 - Inhibitors act strongly and quickly neutralize factor
- Low-titer inhibitors:
 - < 5 BU/mL
 - Inhibitors act weakly and slowly neutralize factor

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V. REFERENCES

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