

SPECIALTY GUIDELINE MANAGEMENT

VONVENDI [von Willebrand factor (recombinant)]

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

(vWD) On-demand treatment and control of bleeding episodes in adults with von Willebrand disease

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

II. CRITERIA FOR INITIAL APPROVAL

Von Willebrand Disease

Indefinite authorization may be granted for treatment of vWD when any of the following criteria is met:

- A. 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. Member has type 2B or type 3 vWD.

III. CONTINUATION OF THERAPY

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

IV. APPENDIX

Clinical Reasons For Not Utilizing Desmopressin in Patients with Type 1, 2A, 2N and 2M vWD

- 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

V. REFERENCES

1. Vonvendi [package insert]. Westlake Village, CA: Baxalta US Inc.; December 2015.

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2. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised October 2016. MASAC Document #246. Accessed December 1, 2016.
3. National Hemophilia Foundation. MASAC recommendations regarding the treatment of von Willebrand disease. MASAC Document #244. <https://www.hemophilia.org/sites/default/files/document/files/244.pdf>. Accessed December 1, 2016.
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5. Stimate [package insert]. King of Prussia, PA: CSL Behring LLC; June 2013.
6. Leissing C, Carcao M, Gill JC, et al. Desmopressin (DDAVP) in the management of patients with congenital bleeding disorders. *Haemophilia*. 2014;20:158-167.