Hemophilia Products – Factor VIIa: NovoSeven RT ®; Sevenfact ® (Intravenous)

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I. Length of Authorization

Coverage is provided for 3 months and may be renewed thereafter, unless otherwise specified*.

Note: The cumulative amount of medication the patient has on-hand will be taken into account for authorizations. Up to 5 'on-hand' doses for the treatment of acute bleeding episodes will be permitted at the time of the authorization request.

** Initial and renewal authorization periods may vary by specific covered indication*

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- NovoSeven RT 1000 mcg vial = 12 vials per 30 days
- NovoSeven RT 2000 mcg vial = 12 vials per 30 days
- NovoSeven RT 5000 mcg vial = 24 vials per 30 days
- NovoSeven RT 8000 mcg vial = 15 vials per 30 days
- Sevenfact 1 mg vial = 48 vials per 30 days
- Sevenfact 5 mg vial = 24 vials per 30 days

B. Max Units (per dose and over time) [HCPCS Unit]:

- 120,000 billable units per 30-day supply

III. Initial Approval Criteria [1-4,9]

Coverage is provided in the following conditions:

NovoSeven RT ONLY [1]

Hemophilia A (congenital factor VIII deficiency) † Φ

- Diagnosis of congenital factor VIII deficiency has been confirmed by blood coagulation testing; AND

- Confirmation patient has acquired inhibitors to Factor VIII; **AND**
- Used as treatment in at least one of the following:
  - Treatment and control of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)* ; **OR**
  - Routine prophylaxis to prevent or reduce the frequency of bleeding episodes when the following criteria are also met:
    - Patient has at least two documented episodes of spontaneous bleeding into joints; **OR**
    - Patient has documented trial and failure of Immune Tolerance Induction (ITI); **AND**
      - Patient has documented trial and failure or contraindication to Hemlibra

Acquired Hemophilia †

- Diagnosis of acquired hemophilia has been confirmed by blood coagulation testing; **AND**
- Used as treatment for one of the following:
  - Treatment and control of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)*

Hemophilia B (congenital factor IX deficiency aka Christmas disease) † Φ

- Diagnosis of congenital factor IX deficiency has been confirmed by blood coagulation testing; **AND**
- Confirmation patient has acquired inhibitors to Factor IX; **AND**
- Used as treatment for one of the following:
  - Treatment and control of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)*; **OR**
  - Routine prophylaxis to prevent or reduce the frequency of bleeding episodes when the following criteria are also met:
    - Patient has at least two documented episodes of spontaneous bleeding into joints; **OR**
    - Patient has documented trial and failure of Immune Tolerance Induction (ITI)

Congenital Factor VII Deficiency † Φ

- Diagnosis of congenital factor VII deficiency has been confirmed by blood coagulation testing; **AND**
- Used as treatment for one of the following:

- Treatment and control of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
- Perioperative management *(*Authorizations valid for 1 month)*

Glanzmann's Thrombasthenia † Φ

- Diagnosis of Glanzmann Thrombasthenia has been confirmed by blood coagulation testing; **AND**
- Used as treatment for one of the following:
  - Treatment and control of acute bleeding episodes (episodic treatment of acute hemorrhage); **OR**
  - Perioperative management *(*Authorizations valid for 1 month)*; **AND**
- The use of platelet transfusions is known or suspected to be ineffective or contraindicated

Sevenfact ONLY [2]

Hemophilia A (Congenital Factor VIII Deficiency)/Hemophilia B (Congenital Factor IX Deficiency) † Φ

- Patient is at least 12 years of age; **AND**
- Diagnosis of congenital factor VIII or IX deficiency has been confirmed by blood coagulation testing; **AND**
- Confirmation patient has Hemophilia A (Factor VIII) inhibitors or Hemophilia B (Factor IX) inhibitors; **AND**
- Used as treatment and control of acute bleeding episodes (episodic treatment of acute hemorrhage); **AND**
- Will not be used for the treatment of Congenital Factor VII Deficiency

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Dispensing Requirements for Rendering Providers (Hemophilia Management Program)

- Prescriptions cannot be filled without an expressed need from the patient, caregiver or prescribing practitioner. Auto-filling is not allowed.
- Monthly, rendering provider must submit for authorization of dispensing quantity before delivering factor product. Information submitted must include:
  - Original prescription information, requested amount to be dispensed, vial sizes available to be ordered from the manufacturer, and patient clinical history (including patient product inventory and bleed history)
  - Factor dose should not exceed +1% of the prescribed dose and a maximum of three vials may be dispensed per dose. If unable to provide factor dosing within the required threshold, below the required threshold, the lowest possible dose able to be

achieved above +1% should be dispensed. Prescribed dose should not be increased to meet assay management requirements.

- The cumulative amount of medication(s) the patient has on-hand should be taken into account when dispensing factor product. Patients should not have more than 5 extra doses on-hand for the treatment of acute bleeding episodes.
- Dispensing requirements for renderings providers are a part of the hemophilia management program. This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide.

V. Renewal Criteria [1-4,9-10]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: hypersensitivity reactions including anaphylaxis (e.g., hives, itching, rash, difficulty breathing, swelling around the mouth/throat, chest tightness, wheezing, dizziness/fainting, low blood pressure, etc.), serious arterial and venous thrombotic events, development of neutralizing antibodies (inhibitors), etc.; **AND**
- Any increases in dose must be supported by an acceptable clinical rationale (i.e., weight gain, half-life study results, increase in breakthrough bleeding when patient is fully adherent to therapy, etc.); **AND**
- The cumulative amount of medication(s) the patient has on-hand will be taken into account when authorizing. The authorization will allow up to 5 doses on-hand for the treatment of acute bleeding episodes as needed for the duration of the authorization; **AND**

Treatment and control of acute bleeding episodes (NovoSeven RT/Sevenfact)

- Renewals will be approved for a 6-month authorization period

Perioperative management of bleeding (NovoSeven RT Only)

- Coverage may NOT be renewed

Routine prophylaxis to prevent or reduce the frequency of bleeding episodes (NovoSeven RT Only)

- Renewals will be approved for a 12-month authorization period; **AND**
- Patient has demonstrated a beneficial response to therapy (i.e., the frequency of bleeding episodes has decreased from pre-treatment baseline)

VI. Dosage/Administration [1-4]

Indication	Dose
NovoSeven RT	
Control and prevention of bleeding: Congenital Hemophilia A or B with inhibitors	Hemostatic Administer 90 mcg/kg intravenously every 2 hours, adjustable based on severity of bleeding until hemostasis is achieved, or until the treatment has been judged to be inadequate. Post-Hemostatic Administer 90 mcg/kg intravenously every 3-6 hours after hemostasis is achieved for severe bleeds
Control and prevention of bleeding: Acquired Hemophilia	Administer 70-90 mcg/kg intravenously every 2-3 hours until hemostasis is achieved
Control and prevention of bleeding: Congenital Factor VII deficiency	Administer 15-30 mcg/kg intravenously every 4-6 hours until hemostasis is achieved
Control and prevention of bleeding: Glanzmann's Thrombasthenia	Administer 90 mcg/kg intravenously every 2-6 hours in severe bleeding episodes requiring systemic hemostatic therapy until hemostasis is achieved
Perioperative management Congenital Hemophilia A or B with inhibitors	**Minor** • Initial: Administer 90 mcg/kg intravenously immediately before surgery, repeat every 2 hours during surgery. • Post-Op: Administer 90 mcg/kg intravenously every 2 hours after surgery for 48 hours, then every 2-6 hours until healing has occurred. **Major** • Initial: Administer 90 mcg/kg intravenously immediately before surgery, repeat every 2 hours during surgery. • Post-Op: Administer 90 mcg/kg intravenously every 2 hours after surgery for 5 days, then every 4 hours or by continuous infusion, via pump, at 50 mcg/kg/hr until healing occurs.
Perioperative management Acquired Hemophilia	Administer 70-90 mcg/kg intravenously immediately before surgery and every 2-3 hours for the duration of surgery and until hemostasis is achieved
Perioperative management Congenital Factor VII deficiency	Administer 15-30 mcg/kg intravenously immediately before surgery and every 4-6 hours for the duration of surgery and until hemostasis is achieved
Perioperative management Glanzmann's Thrombasthenia	Initial: Administer 90 mcg/kg intravenously immediately before surgery and repeat every 2 hours for the duration of the procedure. Post-Op: Administer 90 mcg/kg intravenously every 2-6 hours to prevent post-operative bleeding
Sevenfact	

Indication	Dose
Control and treatment of bleeding: Congenital Hemophilia A or B with inhibitors	For Mild or Moderate Bleeds: – Administer 75 mcg/kg intravenously repeated every 3 hours until hemostasis is achieved or – Initial dose of 225 mcg/kg. If hemostasis is not achieved within 9 hours, additional 75 mcg/kg doses may be administered every 3 hours as needed to achieve hemostasis For Severe Bleeds: – Administer 225 mcg/kg intravenously initially, followed if necessary 6 hours later with 75 mcg/kg every 2 hours until hemostasis is achieved.

VII. Billing Code/Availability Information

HCPCS Code & NDC:

Drug	Manufacturer	HCPCS Code	1 Billable Unit Equiv.	Vial Size	NDC
NovoSeven RT	Novo Nordisk	J7189	1 mcg	1 mg	00169-7010-xx
				2 mg	00169-7020-xx
				5 mg	00169-7050-xx
				8 mg	00169-7040-xx
NovoSeven RT with MixPro package				1 mg	00169-7201-xx
				2 mg	00169-7202-xx
				5 mg	00169-7205-xx
				8 mg	00169-7208-xx
Sevenfact	LFB S.A.	J7212	1 mcg	1 mg	71127-1000-xx
				5 mg	71127-5000-xx

VIII. References

1. NovoSeven RT [package insert]. Bagsvaerd, Denmark; Novo Nordisk; July 2020. Accessed May 2023.
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13. Novitas Solutions, Inc. Local Coverage Article: Billing and Coding: Hemophilia Factor Products (A56433). Centers for Medicare & Medicaid Services Inc. Updated on 10/14/2022 with effective date 10/01/2022. Accessed May 2023.

Appendix 1 – Covered Diagnosis Codes

ICD-10	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

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx . Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

Jurisdiction(s): N	**NCD/LCD Document (s):** A56482
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56482&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Jurisdiction(s): J,M	**NCD/LCD Document (s):** A56065
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56065&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Jurisdiction(s): H,L	**NCD/LCD Document (s):** A56433
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56433&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသူဉ်ဟ်သး– နမ့ါကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ါ ကျိာ်အတ၊်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).