

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Antihemophilic Factor (Recombinant), PEGylated (Adynovate)

Non-formulary **antihemophilic factor (recombinant), pegylated (Adynovate)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of hemophilia A without inhibitors
- Prescribed for routine prophylaxis
- Previous treatment with formulary FVIII product (e.g. Kovaltry) with at least 150 documented exposure days.
- Documented failure to meet clinical goals (e.g. continuation of spontaneous bleeds, inability to achieve appropriate trough level, inability to tolerate).
- Patient is infusing no more frequently than twice weekly.

For continuation of therapy:

- Documentation of positive clinical response to Adynovate (e.g. decrease in at least 1 spontaneous bleed per month from baseline or improved pain scores resulting in improved quality of life).