## Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

## **Emicizumab-kxwh** (Hemlibra)

Non-Formulary **emicizumab-kxwh (Hemlibra)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

<u>Initiation (new start) criteria</u>: Non-formulary **emicizumab-kxwh (Hemlibra)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnoses of Hemophilia A without inhibitors
- Prescribed by hematologist
- Prescribed for routine prophylaxis
- Documented failure to meet clinical goals (e.g., continuation of spontaneous bleeds, inability to achieve appropriate trough level, inability to tolerate) after a trial of formulary prophylactic factor VIII replacement products.
- Inability to tolerate prophylaxis requires documentation while on a 2nd and 3rd generation factor VIII replacement products.

## -OR-

- Patient has diagnoses Hemophilia A with inhibitors
- Prescribed by hematologist with specialty in benign hematology
- Patient has developed high-titer factor VIII inhibitors (≥ 5 Bethesda units [BU])
- Prescribed for routine prophylaxis

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