

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Comment
Eloctate [recombinant antihemophilic factor, Fc fusion protein (rFVIII Fc)]	N/A

VERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

Requests for Eloctate [recombinant antihemophilic factor, Fc fusion protein (rFVIII Fc)] may be approved for individuals with severe hemophilia A (congenital Factor VIII deficiency) when all of the following criteria are met:

- I. Individual has less than or equal to 1 International Unit per deciliter (IU/dL) (less than or equal to 1%) endogenous factor VIII; **AND**
- II. Individual does not have inhibitors to Factor VIII; **AND**
- III. Use of rFVIII Fc is planned for one of the following indications:
 - a. Control and prevention of acute bleeding episodes; **OR**
 - b. Peri-procedural management for surgical, invasive or interventional radiology procedures; **OR**
 - c. Routine prophylaxis to prevent or reduce the frequency of bleeding episodes.

Requests for Eloctate [recombinant antihemophilic factor, Fc fusion protein (rFVIII Fc)] may be approved for individuals with mild to moderate hemophilia A (congenital Factor VIII deficiency) when all of the following criteria are met:

- I. Individual has endogenous Factor VIII level less than 40 IU/dL (less than or equal to 40%) but greater than 1 IU/dL; **AND**
- II. Individual does not have inhibitors to Factor VIII; **AND**
- III. Use of rFVIII Fc is planned for one of the following indications:
 - a. Control of acute bleeding episodes; **OR**
 - b. Peri-procedural management for surgical, invasive or interventional radiology procedures; **OR**
 - c. Routine prophylaxis to prevent or reduce the frequency of bleeding episodes when the member has documented history of one of the following:
 - 1. 1 or more episodes of spontaneous bleeding into joint; **OR**

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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2. 1 or more episodes of spontaneous bleeding into the central nervous system; **OR**
3. 4 or more episodes of soft tissue bleeding in an 8 week period.

Eloctate [recombinant antihemophilic factor, Fc fusion protein (rFVIII Fc)] may not be approved for any of the following:

- I. When the criteria are not met and for all other indications including but not limited to treatment of von Willebrand Disease.