AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Obizur	Page:	1 of 2
Effective Date:	4/7/2024	Last Review Date:	4/2024

Applies to:	☒Illinois	☐Florida	☒Florida Kids
	☒New Jersey	☒Maryland	☐Michigan
	☒Pennsylvania Kids	☐Virginia	☐Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Obizur under the patient's prescription drug benefit.

Description:

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
Obizur is indicated for the on-demand treatment and control of bleeding episodes in adults with acquired hemophilia A.

Limitations of Use:
A. Safety and efficacy of Obizur has not been established in patients with a baseline anti-porcine factor VIII inhibitor titer of greater than 20 BU.
B. Obizur is not indicated for the treatment of congenital hemophilia A or von Willebrand disease.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Obizur

Policy/Guideline:

Prescriber Specialty:
Must be prescribed by or in consultation with a hematologist.

Criteria for Initial Approval:
Acquired hemophilia A
Authorization of 1 month may be granted for treatment of acquired hemophilia A.

Continuation of Therapy:
All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

Approval Duration and Quantity Restrictions:

Approval: 1 month

References:

1. Obizur [package insert]. Lexington, MA: Takeda Pharmaceucticals U.S.A., Inc.; March 2023.
2. National Hemophilia Foundation. MASAC Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Selected Disorders of the Coagulation System. Revised August 2023. MASAC Document #280. https://www.hemophilia.org/sites/default/files/document/files/MASAC-Products-Licensed.pdf. Accessed December 8, 2023.
3. Gomperts E. Recombinant B domain deleted porcine factor VIII for the treatment of bleeding episodes in adults with acquired hemophilia A. *Expert Review of Hematology*. 2015 Aug;8(4):427-32.