PRIOR AUTHORIZATION POLICY

POLICY: Hemophilia – Qfitlia Prior Authorization Policy
- Qfitlia™ (fitusiran subcutaneous injection – NovoNordisk)

REVIEW DATE: 04/09/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Qfitlia, an antithrombin-directed small interfering ribonucleic acid, is indicated for the routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients ≥ 12 years of age with hemophilia A or B with or without Factor VIII or Factor IX inhibitors.[1]

Qfitlia is given by subcutaneous (SC) injection only.[1] The initial dose is 50 mg SC once every 2 months (Q2M). Monitor antithrombin activity utilizing an FDA-cleared test. Maintain antithrombin activity between 15% to 35% by adjusting the dose and/or frequency of administration. Other dose regimens include: 50 mg SC once monthly (QM); 20 mg SC Q2M; 20 mg SC QM; 10 mg SC Q2M; and 10 mg SC QM. Qfitlia may be given by the patient and/or caregiver after proper training. In pediatric patients 12 to 17 years of age, Qfitlia should be given by or under supervision of an adult.

Disease Overview

Hemophilia A and B are genetic bleeding disorders caused by a dysfunction or deficiency of coagulation Factor VIII and Factor IX, respectively.[2-7] Because hemophilia is an X-linked condition, males are primarily impacted. Patients who have these types of hemophilias are not able to properly form clots in blood and may bleed for a longer time than normal following injury or surgery. Patients may also experience spontaneous bleeding in muscles, joints, and organs. Bleeds may be life-threatening. A main morbidity is hemophilic arthropathy, which limits mobility. It is estimated that 33,000 males are living with hemophilia in the US; hemophilia A accounts for around 80% of the cases (approximately 26,400 patients) and hemophilia B comprises 20% of cases (around 6,600 patients). Hemophilias are often classified as mild, moderate, or severe based on reduced Factor VIII or IX levels. Approximately 50% and 30% of patients with hemophilia A and hemophilia B, respectively, have severe disease. The formation of inhibitors (antibodies) to factor products is a challenging complication as it causes Factor VIII and Factor IX therapies to be ineffective, which increases bleeding frequency and severity. Inhibitors develop in around 30% and 10% of patients with severe hemophilia A and hemophilia B, respectively.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Qfitlia. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Qfitlia as well as the monitoring required for adverse events and long-term efficacy, approval requires Qfitlia to be prescribed by or in consultation with a hemophilia specialist.

- **Qfitlia™ (fitusiran subcutaneous injection – NovoNordisk)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Hemophilia A without Factor VIII Inhibitors.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
     - **i.** Patient is ≥ 12 years of age; AND
     - **ii.** Patient is using Qfitlia for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
     - **iii.** Patient has severe hemophilia A as evidenced by a baseline (without Factor VIII replacement therapy) Factor VIII level of < 1%; AND
     - **iv.** Patient meets ONE of the following (a or b):
       - **a)** Patient meets BOTH of the following [(1) and (2)]:

(1) Factor VIII inhibitor titer testing has been performed within the past 30 days; AND
(2) Patient does not have a positive test for Factor VIII inhibitors of ≥ 1.0 Bethesda units/mL; OR

b) Patient has not received Factor VIII therapy in the past; AND

v. According to the prescriber, prophylactic use of Factor VIII products will not occur 7 days after the initiation of Qfitlia therapy; AND
Note: Use of Factor VIII products for the treatment of breakthrough bleeding is permitted.

vi. The medication is prescribed by or in consultation with a hemophilia specialist; OR

B) Patient is Currently Receiving Qfitlia. Approve if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is using Qfitlia for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND

ii. According to the prescriber, prophylactic use of Factor VIII products will not occur while using Qfitlia; AND
Note: Use of Factor VIII products for the treatment of breakthrough bleeding is permitted.

iii. The medication is prescribed by or in consultation with a hemophilia specialist; AND

iv. According to the prescriber, patient experienced a beneficial response to therapy.
Note: Examples of a beneficial response to therapy include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeds.

2. Hemophilia A with Factor VIII Inhibitors. Approve for 1 year if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, and v):

i. Patient is ≥ 12 years of age; AND

ii. Patient is using Qfitlia for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND

iii. Patient meets BOTH of the following (a and b):

a) Factor VIII inhibitor titer testing has been performed within the past 30 days; AND

b) Patient has a positive test for Factor VIII inhibitors of ≥ 0.6 Bethesda units/mL; AND

iv. According to the prescriber, prophylactic use of bypassing agents will not occur 7 days after the initiation of Qfitlia therapy; AND
Note: Use of bypassing agents for the treatment of breakthrough bleeding is permitted. Examples of bypassing agents include NovoSeven RT (coagulation Factor VIIa [recombinant] intravenous infusion), Sevenfact (Factor VIIa [recombinant]-jncw intravenous infusion), and FEIBA (anti-inhibitor coagulant complex intravenous infusion).

v. The medication is prescribed by or in consultation with a hemophilia specialist; OR

B) Patient is Currently Receiving Qfitlia. Approve if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is using Qfitlia for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND

ii. The medication is prescribed by or in consultation with a hemophilia specialist; AND

iii. According to the prescriber, prophylactic use of bypassing agents products will not occur while using Qfitlia; AND
Note: Use of bypassing agents for the treatment of breakthrough bleeding is permitted. Examples of bypassing agents include NovoSeven RT (coagulation Factor VIIa [recombinant] intravenous infusion), Sevenfact (Factor VIIa [recombinant]-jncw intravenous infusion), and FEIBA (anti-inhibitor coagulant complex intravenous infusion).

iv. According to the prescriber, patient experienced a beneficial response to therapy.
Note: Examples of a beneficial response to therapy include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeds.

3. Hemophilia B without Factor IX Inhibitors. Approve for 1 year if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):

i. Patient is ≥ 12 years of age; AND

ii. Patient is using Qfitlia for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND

iii. Patient has moderately severe or severe hemophilia B as evidenced by a baseline (without Factor IX replacement therapy) Factor IX level ≤ 2%; AND

iv. Patient meets ONE of the following (a or b):

a) Patient meets BOTH of the following [(1) and (2)]:

(1) Factor IX inhibitor titer testing has been performed within the past 30 days; AND

(2) Patient does not have a positive test for Factor IX inhibitors of ≥ 1.0 Bethesda units/mL; OR

b) Patient has not received Factor IX therapy in the past; AND

v. According to the prescriber, prophylactic use of Factor IX products will not occur 7 days after the initiation of Qfitlia therapy; AND
Note: Use of Factor IX products for the treatment of breakthrough bleeding is permitted.

vi. The medication is prescribed by or in consultation with a hemophilia specialist; OR

B) Patient is Currently Receiving Qfitlia. Approve if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is using Qfitlia for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND

ii. According to the prescriber, prophylactic use of Factor IX products will not occur while using Qfitlia; AND
Note: Use of Factor IX products for the treatment of breakthrough bleeding is permitted.

iii. The medication is prescribed by or in consultation with a hemophilia specialist; AND

iv. According to the prescriber, patient experienced a beneficial response to therapy.
Note: Examples of a beneficial response include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeding events.

4. Hemophilia B with Factor IX Inhibitors. Approve for 1 year if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, and v):

i. Patient is ≥ 12 years of age; AND

ii. Patient is using Qfitlia for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND

iii. Patient meets BOTH of the following (a and b):

a) Factor IX inhibitor titer testing has been performed within the past 30 days; AND

b) Patient has a positive test for Factor IX inhibitors of ≥ 0.6 Bethesda units/mL; AND

iv. According to the prescriber, prophylactic use of bypassing agents will not occur 7 days after the initiation of Qfitlia therapy; AND
Note: Use of bypassing agents for the treatment of breakthrough bleeding is permitted. Examples of bypassing agents include NovoSeven RT (coagulation Factor VIIa [recombinant] intravenous infusion), Sevenfact (Factor VIIa [recombinant]-jncw intravenous infusion), and FEIBA (anti-inhibitor coagulant complex intravenous infusion).

v. The medication is prescribed by or in consultation with a hemophilia specialist; OR

B) Patient is Currently Receiving Qfitlia. Approve if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is using Qfitlia for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND

ii. According to the prescriber, prophylactic use of bypassing agents products will not occur while using Qfitlia; AND
Note: Use of bypassing agents for the treatment of breakthrough bleeding is permitted. Examples of bypassing agents include NovoSeven RT (coagulation Factor VIIa [recombinant] intravenous infusion), Sevenfact (Factor VIIa [recombinant]-jncw intravenous infusion), and FEIBA (anti-inhibitor coagulant complex intravenous infusion).

iii. The medication is prescribed by or in consultation with a hemophilia specialist; AND

iv. According to the prescriber, patient experienced a beneficial response to therapy.
Note: Examples of a beneficial response to therapy include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeds.

CONDITIONS NOT COVERED

- **Qfitlia™ (fitusiran subcutaneous injection – NovoNordisk)**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concurrent Use with Hemlibra (emicizumab-kxwh subcutaneous injection).** Hemlibra is a bispecific factor IXa- and Factor X-directed antibody indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and pediatric patients ages newborn and older with hemophilia A (congenital factor VIII deficiency) with or without factor VIII inhibitors.[8] Qfitlia has not been studied concurrently with Hemlibra.

2. **Concurrent Use with Hympavzi (marstacimab-hncq subcutaneous injection).** Hympavzi, a tissue factor pathway inhibitor (TFPI) antagonist, is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients ≥ 12 years of age with 1) hemophilia A (congenital Factor VIII deficiency) without Factor VIII inhibitors, and 2) hemophilia B (congenital Factor IX deficiency) without Factor IX inhibitors.[9] Qfitlia and Hympavzi should not be used concomitantly.

3. **Concurrent Use with Alhemo (concizumab-mtci subcutaneous injection).** Alhemo, a TFPI antagonist, is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and pediatric patients ≥ 12 years of age with 1) hemophilia A (congenital Factor VIII deficiency) with Factor VIII inhibitors, or 2) hemophilia B (congenital Factor IX deficiency) with Factor IX inhibitors.[10] Qfitlia and Alhemo should not be used concomitantly.

4. **Patient Receiving Immune Tolerance Induction Therapy.** The safety and efficacy of concomitant use of Qfitlia in patients undergoing immune tolerance induction have not been established.

REFERENCES

1. Qfitlia™ subcutaneous injection [prescribing information]. Cambridge, MA: Genzyme/Sanofi; March 2025.

2. Chowdary P, Carcao M, Kenet G, Pipe SW. Haemophilia. *Lancet*. 2025;405(10480):736-750.
3. Franchini M, Mannucci PM. The more recent history of hemophilia treatment. *Semin Thromb Hemost*. 2022;48(8):904-910.
4. Croteau SE. Hemophilia A/B. *Hematol Oncol Clin North Am*. 2022;36(4):797-812.
5. Centers for Disease Control and Prevention. Data and statistics on hemophilia. Available at: https://www.cdc.gov/hemophilia/data-research/. Accessed on April 5, 2025.
6. National Bleeding Disorders Foundation. Hemophilia A: An overview of symptoms, genetics, and treatments to help you understand hemophilia A. Available at: https://www.bleeding.org/bleeding-disorders-a-z/types/hemophilia-a. Accessed on April 5, 2025.
7. National Hemophilia Foundation. Hemophilia B. An overview of symptoms, genetics, and treatments to help you understand hemophilia B. Available at: https://www.hemophilia.org/bleeding-disorders-a-z/types/hemophilia-b. Accessed on April 5, 2025.
8. Hemlibra® subcutaneous injection [prescribing information]. South San Francisco, CA and Tokyo, Japan: Genentech/Roche and Chugai; January 2024.
9. Hympavzi™ subcutaneous injection [prescribing information]. New York, NY: Pfizer; October 2024.
10. Alhemo® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; December 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	04/09/2025