Effective Date **3/15/2025**
Coverage Policy Number **IP0356**

NovoSeven RT

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Related Coverage Resources

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. 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.

Overview

This policy supports medical necessity review for coagulation Factor VIIa [recombinant] (**NovoSeven® RT**) intravenous infusion.

Medical Necessity Criteria

Coagulation Factor VIIa [recombinant] (**NovoSeven® RT**) **is considered medically necessary when the following are met:**

1. **Treatment of Congenital Factor VII Deficiency.** Individual meets the following criteria:
   A. Medication is prescribed by, or in consultation with, a hematologist

      Dosing. Up to 900 mcg/kg intravenously per 28 days.

2. **Treatment of Glanzmann's Thrombasthenia.** Individual meets **ALL** of the following criteria:

A. Refractory to platelet transfusions
B. Medication is prescribed by, or in consultation with, a hematologist

Dosing. Up to 3,240 mcg/kg intravenously per 28 days.

3. **Treatment of Acquired Hemophilia.** Individual meets **ALL** of the following criteria:
   A. Age 18 years or older
   B. Medication is prescribed by, or in consultation with, a hematologist

   Dosing. Up to 10,800 mcg/kg intravenously per 28 days.

4. **Treatment of Hemophilia A with Inhibitors.** Individual meets **ALL** of the following criteria:
   A. Documentation of **ONE** of the following:
      i. Positive inhibitor titer at least 5 Bethesda Units or greater
      ii. History of an inhibitor with anamnestic response to Factor VIII replacement therapy, which, according to the prescriber, precludes the use of Factor VIII replacement to treat bleeding episodes
      iii. History of an inhibitor with refractory hemostatic response to increased Factor VIII dosing, which, according to the prescriber, precludes the use of Factor VIII replacement to treat bleeding episodes
   B. Medication is prescribed by, or in consultation with, a hematologist

   Dosing. Up to 11,160 mcg/kg intravenously per 28 days.

5. **Treatment of Hemophilia B with Inhibitors.** Individual meets **ALL** of the following criteria:
   A. Documentation of **ONE** of the following:
      i. Positive inhibitor titer at least 5 Bethesda Units or greater
      ii. History of an inhibitor with anamnestic response to Factor IX replacement therapy, which, according to the prescriber, precludes the use of Factor IX replacement to treat bleeding episodes
      iii. History of an inhibitor with refractory hemostatic response to increased Factor IX dosing, which, according to the prescriber, precludes the use of Factor IX replacement to treat bleeding episodes
   B. Medication is prescribed by, or in consultation with, a hematologist

   Dosing. Up to 11,160 mcg/kg intravenously per 28 days.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Reauthorization Criteria

Continuation of coagulation Factor VIIa [recombinant] (NovoSeven RT) is considered medically necessary for **ALL** covered diagnoses when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months
Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

Bleeding Associated with Liver Disease. Randomized trials have failed to show benefit of NovoSeven RT in controlling upper gastrointestinal bleeding and variceal bleeding in patients with advanced liver disease.[11,12] American Association for the Study of Liver Disease guidelines for portal hypertensive bleeding in cirrhosis (2016) state that recombinant Factor VIIa should not be used to correct coagulopathy in this scenario.[13]

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg

Background

OVERVIEW
NovoSeven RT is indicated for the treatment of bleeding episodes and perioperative management in the following conditions:[1]

- **Congenital Factor VII deficiency** in adults and children;
- **Glanzmann's thrombasthenia** with refractoriness to platelet transfusions in adults and children, with or without antibodies to platelets;
- **Hemophilia, acquired** in adults; and
- **Hemophilia A or B with inhibitors** in adults and children.

Of note, off-label use of NovoSeven RT in the general population has been suggested in a variety of acute bleeding scenarios (e.g., trauma, intracranial hemorrhage). A 2012 Cochrane Review concluded that the effectiveness of recombinant activated Factor VIIa as a general hemostatic drug in non-hemophiliac patients remains unproven and that use outside its licensed indications should be limited to clinical trials.[2] Various reviews and clinical practice guidelines concur that the evidence is insufficient to support use of NovoSeven RT as a hemostatic agent outside of its labeled uses.[3-5]

Guidelines
The National Bleeding Disorders Foundation Medical and Scientific Advisory Council (MASAC) guidelines (updated October 2024) support NovoSeven RT as a treatment option for inherited **hemophilia A or B with inhibitors**, **acquired hemophilia A** (other forms of acquired hemophilia not addressed), and **Factor VII deficiency**.[6] Glanzmann's thrombasthenia is not addressed in the guideline. MASAC recommendations (2013) also state that recombinant Factor VIIa has demonstrated efficacy and safety for prophylactic use for patients with inhibitors in hemophilia A and hemophilia B.[7]

Regarding **hemophilia A and B with inhibitors**, World Federation of Hemophilia guidelines (2020) support recombinant Factor VIIa for patients with high-titer inhibitors who require acute treatment or around surgery/invasive procedures.[8] For low-titer inhibitors, Factor VIII or IX replacement may be used. These products may also be used for patients with a history of a high-titer inhibitor whose titer has fallen to low or undetectable

levels. However, once an anamnestic response occurs, further treatment with Factor replacement is typically no longer effective, and bypass agent therapy (e.g., recombinant Factor VIIa) is needed. National Bleeding Disorders MASAC guidelines (updated October 2024) have similar recommendations: treatment for patients with inhibitors depends on multiple factors, including type of inhibitor (high- or low-responding), current titer, location of bleed, and previous response.[6]

Dosing Information

Dosing of clotting factor concentrates is highly individualized. MASAC provides recommendations regarding doses of clotting factor concentrate in the home (2016).[9] The number of required doses varies greatly and is dependent on the severity of the disorder and the prescribed regimen. Per MASAC guidance, patients on prophylaxis should also have a minimum of one major dose and two minor doses on hand for breakthrough episodes in addition to the prophylactic doses used monthly. The guidance also notes that an adequate supply of clotting factor concentrate is needed to accommodate weekends and holidays. Therefore, maximum doses in this policy allow for prophylactic dosing plus three days of acute episodes or perioperative management per 28 days. Doses exceeding this quantity will be reviewed on a case-by-case basis by a clinician.

Dosing considerations for individual indications are as follows:

- **Congenital Factor VII Deficiency:** In the routine prophylactic setting, recombinant Factor VIIa dosing of up to 30 mcg/kg three times weekly has been described in the literature.[10] Per prescribing information, dosing for bleeding episodes and perioperative management ranges up to 30 mcg/kg up to every 4 hours (180 mcg/kg daily dose).[1]
- **Glanzmann's Thrombasthenia:** Prophylactic dosing is not routine. Per the prescribing information, dosing up to 90 mcg/kg every 2 hours may be used for acute episodes or perioperative management (1,080 mcg/kg daily dose).[1]
- **Hemophilia, Acquired:** Data are limited describing prophylactic use of recombinant Factor VIIa in acquired hemophilia; dosing is generally similar to what is used for congenital hemophilia A and B with inhibitors. Per the prescribing information, dosing up to 90 mcg/kg every 2 hours may be used for acute episodes or perioperative management (1,080 mcg/kg daily dose).[1]
- **Hemophilia A with Inhibitors** and **Hemophilia B with Inhibitors:** For congenital hemophilia A and B with inhibitors, MASAC recommendations note that doses of up to 270 mcg/kg per day have been found to be effective.[7] Per the prescribing information, dosing up to 50 mcg/kg per hour by continuous infusion may be used in the perioperative setting (1,200 mcg/kg daily dose).[1]

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Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	No criteria changes	3/15/2025

The policy effective date is in force until updated or retired.