



Effective Date 5/1/2023
Next Review Date... 5/1/2024
Coverage Policy Number IP0553

Factor XIII A-Subunit (Recombinant)

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Overview

This policy supports medical necessity review for coagulation Factor XIII A-Subunit (recombinant) intravenous infusion (Tretten®).

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

Initial Approval Criteria

Coagulation Factor XIII A-subunit (recombinant) intravenous infusion (Tretten) is considered medically necessary for the treatment of congenital Factor XIII A-subunit deficiency when the individual meets ALL of the following criteria:

- 1. ONE of the following conditions is met:
a. Peri-operative management of bleeding
b. Routine prophylaxis to reduce the frequency of bleeding episodes

- c. Treatment of bleeding episodes
- 2. Medication is prescribed by or in consultation with a hematologist

Dosing. Up to 140 IU/kg by intravenous infusion 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.

Continuation of Therapy Criteria

Continuation of coagulation Factor XIII A-subunit (recombinant) intravenous infusion (Tretten) is considered medically necessary for the treatment of congenital Factor XIII A-subunit deficiency when initial criteria are met AND beneficial response is demonstrated.

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):

Congenital Factor XIII B-Subunit Deficiency. Tretten will not work in patients who only lack Factor XIII-B subunit.^{1,2}

Coding Information

- 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
J7181	Injection, factor XIII a-subunit, (recombinant), per IU

Background

OVERVIEW

Tretten, a coagulation Factor XIII A-subunit, is indicated for routine prophylaxis of bleeding in patients with congenital factor XIII A-subunit deficiency.¹ The agent is not for use in patients with congenital Factor XIII B-subunit deficiency.

Disease Overview

Congenital Factor XIII deficiency is caused by defects in both Factor XIII A and Factor XIII B genes.^{2,3} However, most cases are due to genetic alterations on the Factor XIII A gene. The estimated prevalence of Factor XIII A deficiency is one case in 1 to 2 million people. Clinical symptoms include delayed wound healing, bleeding of soft and subcutaneous tissue, recurrent spontaneous miscarriage, and central nervous system (CNS) bleeding,

which may be life-threatening. If patients have severe Factor XIII deficiency, early manifestations include bleeding from the umbilical cord or CNS. Prospective data showed that a level of 30% Factor XIII clotting activity is an adequate therapeutic target for most patients. Treatment of Factor XIII deficiency involves use of fresh frozen plasma, cryoprecipitate, Corifact® (Factor XIII concentration intravenous infusion), or Tretten.

Guidelines

The National Hemophilia Foundation Medical and Scientific Advisory Council (MASAC) has guidelines for the treatment of hemophilia and other bleeding disorders (revised March 2022).⁴ Tretten is recommended in patients who have factor XIII deficiency who lack the factor XIII-A subunit. It will not work in patients who only lack factor XIII-B subunit.

Dosing Considerations

Dosing of clotting factor concentrates is highly individualized. MASAC provides recommendations regarding doses of clotting factor concentrate in the home (2016).⁵ 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 bleeding 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 bleeding or perioperative management per 28 days. Doses exceeding this quantity will be reviewed on a case-by-case basis by a clinician.

References

1. Tretten® intravenous infusion [prescribing information]. Plainsboro, NJ: Novo Nordisk; June 2020.
2. Menegatti M, Peyvandi F. Treatment of rare factor deficiencies other than hemophilia. *Blood*. 2019;133(5):415-424.
3. Pelcovits A, Schiffman F, Niroula R. Factor XIII deficiency: a review of clinical presentation and management. *Hematol Oncol Clin North Am*. 2021;35(6):1171-1180.
4. National Hemophilia Foundation. MASAC (Medical and Scientific Advisory Council) recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders (Revised March 2022). MASAC Document #272. Adopted on April 27, 2022. Available at: https://www.hemophilia.org/sites/default/files/document/files/272_Treatment.pdf. Accessed on October 13, 2022.
5. National Hemophilia Foundation. MASAC (Medical and Scientific Advisory Council) recommendations regarding doses of clotting factor concentrate in the home (Revised June 7, 2016). MASAC Document #242. Adopted on June 7, 2016. Available at: <https://www.hemophilia.org/sites/default/files/document/files/242.pdf>. Accessed on October 13, 2022.

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