



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1410-1
Program	Prior Authorization/Notification
Medication	Altuviiiio™ [antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-eh1]
P&T Approval Date	4/2023
Effective Date	7/1/2023 Oxford only: N/A

1. Background:

Altuviiiio™ [antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-eh1] is a recombinant DNA-derived, Factor VIII concentrate indicated for use in adults and children with hemophilia A (congenital factor VIII deficiency) for:¹

- Routine prophylaxis to reduce the frequency of bleeding episodes
- On-demand treatment and control of bleeding episodes
- Perioperative management of bleeding

Altuviiiio is not indicated for the treatment of von Willebrand disease.

2. Coverage Criteria^a:

A. Initial Authorization:

1. **Altuviiiio** will be approved based on **both** of the following criteria:

a. Diagnosis of hemophilia A

-AND-

b. **Altuviiiio** is being prescribed for **one** of the following:

- (1) Treatment of bleeding episodes
- (2) Prevention of bleeding in surgical interventions or invasive procedures (e.g., surgical prophylaxis)
- (3) Prevention of bleeding episodes (i.e., routine prophylaxis)

Authorization of therapy will be issued for 12 months.

B. Reauthorization

1. **Altuviiiio** will be approved based on the following criterion:

a. Documentation of positive clinical response to **Altuviiiio** therapy.

Authorization of therapy will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization

management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Medical necessity may be in place.

4. References:

1. Altuviiiio™ [package insert]. Waltham, MA: Bioverativ Therapeutics Inc., February 2023.

Program	Prior Authorization/Notification - Altuviiiio
Change Control	
4/2023	New program.