

**Obizur (antihemophilic factor [recombinant], porcine sequence)**  
**Effective 06/01/2025**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

### Overview

Obizur (antihemophilic factor [recombinant], porcine sequence) is a recombinant DNA, derived antihemophilic factor 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 von Willebrand disease.
- C. Obizur is contraindicated in patients with hemophilia A with inhibitors.

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

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted when the following criteria is met:

1. Requested medication is prescribed for the treatment of acquired hemophilia A.
2. Requested medication is prescribed by or in consultation with a hematologist.

### Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Initial criteria are met.

### Limitations

1. Approvals will be granted for 1 month.

### References

1. 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.
2. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised March 2022. MASAC Document #272. [https://www.hemophilia.org/sites/default/files/document/files/272\\_Treatment.pdf](https://www.hemophilia.org/sites/default/files/document/files/272_Treatment.pdf). Accessed December 2, 2022.
3. Obizur (antihemophilic factor [recombinant], porcine sequence) [prescribing information] . Cambridge, MA: Takeda Pharmaceuticals USA, Inc; December 2024.

### Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

05/14/2025 – Reviewed at May P&T. No criteria changes. Effective 6/1/2025.

