

**Alhemo (conicizumab)**  
**Effective 01/01/2026**

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|------------------------------|--|--|---|
| <b>Plan</b>                  | <input type="checkbox"/> MassHealth UPPL<br><input checked="" type="checkbox"/> Commercial/Exchange  | <b>Program Type</b>                        | <input checked="" type="checkbox"/> Prior Authorization<br><input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit     |  |   |
| <b>Specialty Limitations</b> | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. |  |   |
| <b>Contact Information</b>   | <b>Medical Benefit</b><br><b>Pharmacy Benefit</b>  | Phone: 833-895-2611<br>Phone: 800-711-4555 | Fax: 888-656-6671<br>Fax: 844-403-1029  |
| <b>Exceptions</b>            | N/A  |  |   |

**Overview**

Alhemo (conicizumab) is a tissue factor pathway inhibitor (TFPI) antagonist indicated for routine prophylaxis to prevent and reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with:

- Hemophilia A (congenital factor VIII deficiency) with FVIII inhibitors
- Hemophilia B (congenital factor IX deficiency) with FIX inhibitors

**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 all of the following criteria are met:

1. One of the following diagnoses:
  - a. hemophilia A (congenital factor VIII deficiency) with factor VIII inhibitors
  - b. hemophilia B (congenital factor IX deficiency) with factor IX inhibitors
2. Requested medication will be used for prophylaxis to prevent or reduce the frequency of bleeding episodes
3. Member is 12 years of age or older
4. Requested medication is prescribed by or in consultation with a hematologist
5. Member will discontinue use of other prophylactic therapies

**Continuation of Therapy**

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

1. Requested medication continues to be used for prophylaxis to prevent or reduce the frequency of bleeding episodes
2. Member demonstrates a positive clinical response to therapy (e.g., reduced frequency or severity of bleeds)
3. Member is not using the requested medication in combination with prophylactic Factor VIII or Factor IX therapies.

## Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

## References

1. Alhemo (conicizumab) [prescribing information]. Plainsboro, NJ: Novo Nordisk, Inc.; December 2024.
2. Matsushita T, Shapiro A, Abraham A, et al. Phase 3 trial of concizumab in hemophilia with inhibitors. *N Engl J Med.* 2023;389(9):783-794. doi:10.1056/NEJMoa2216455.
3. National Bleeding Disorders Foundation (NBDF; formerly the National Hemophilia Foundation [NHF]). Bleeding disorders A-Z: Types. NBDF Web site. 2025. Accessed February 13, 2025. <https://www.hemophilia.org/Bleeding-Disorders/Types-of-Bleeding-Disorders>
4. National Bleeding Disorders Foundation (NBDF; formerly the National Hemophilia Foundation [NHF]). MASAC recommendation concerning prophylaxis for hemophilia A and B with and without inhibitors. MASAC Document #267. April 2022a. Accessed February 12, 2025. <https://www.bleeding.org/healthcare-professionals/guidelines-on-care/masac-documents/masac-document-267-masac-recommendation-concerning-prophylaxis-for-hemophilia-a-and-b-with-and-without-inhibitors>
5. National Bleeding Disorders Foundation (NBDF; formerly National Hemophilia Foundation [NHF]). MASAC recommendation on SIPPET (Survey of Inhibitors in Plasma-Product-Exposed Toddlers): Results and recommendations for treatment products for previously untreated patients with hemophilia A. MASAC Document #243. June 28, 2016. Accessed February 12, 2025. <https://www.bleeding.org/sites/default/files/document/files/243sippet.pdf>
6. National Bleeding Disorders Foundation (NBDF; formerly the National Hemophilia Foundation [NHF]). MASAC recommendation regarding the use of recombinant clotting factor products with respect to pathogen transmission. MASAC Document #226. May 2014. Accessed February 12, 2025. <https://www.bleeding.org/healthcare-professionals/guidelines-on-care/masac-documents/masac-document-226-recommendation-regarding-the-use-of-recombinant-clotting-factor-products-with-respect-to-pathogen-transmission>
7. National Bleeding Disorders Foundation (NBDF; formerly National Hemophilia Foundation [NHF]). MASAC recommendations concerning products licensed for the treatment of hemophilia and selected disorders of the coagulation system. MASAC Document #290. October 2024. Accessed February 12, 2025. <https://www.bleeding.org/healthcare-professionals/guidelines-on-care/masac-documents/masac-document-290-masac-recommendations-concerning-products-licensed-for-the-treatment-of-hemophilia-and-selected-disorders-of-the-coagulation-system>
8. Tran H, von Mackensen S, Abraham A, et al. Concizumab prophylaxis in persons with hemophilia A or B with inhibitors: patient-reported outcome results from the phase 3 explorer7 study. *Res Pract Thromb Haemost.* 2024;8(4):102476. doi: [10.1016/j.rpth.2024.102415](https://doi.org/10.1016/j.rpth.2024.102415).
9. World Federation of Hemophilia (WFH). Annual global survey 2023. October 2024. WFH Web site. Accessed February 13, 2025. <https://www1.wfh.org/publications/files/pdf-2525.pdf>
10. World Federation of Hemophilia (WFH). Guidelines of the management of hemophilia. 3<sup>rd</sup> ed. 2020. WFH Web site. Accessed February 12, 2025. [Education and eLearning – WFH - World Federation of Hemophilia](https://www.wfh.org/education-and-elearning).

## Review History

06/11/2025 – Reviewed at June P&T. Effective 09/01/2025.

07/11/2025 – Reviewed and updated at July P&T. Updated criteria to require that member will discontinue prophylactic therapies. Effective 09/01/2025.



10/08/2025 – Reviewed at October P&T. Updated policy to indicate that it no longer applies to the medical benefit. Effective 01/01/2026.

