

Feiba (anti-inhibitor coagulant complex [human])
Effective 01/01/2026

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 type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Feiba (anti-inhibitor complex) is indicated for use in hemophilia A and B patients with inhibitors for:

- Control and prevention of bleeding episodes
- Perioperative management
- Routine prophylaxis to prevent or reduce the frequency of bleeding episodes

Use of Feiba for acquired hemophilia A is supported by compendia.

Feiba is not indicated for the treatment of bleeding episodes resulting from coagulation factor deficiencies in the absence of inhibitors to factor VIII or factor IX.

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 for members when all the following criteria have been met:

Hemophilia A With Inhibitors

1. Member has a diagnosis of Hemophilia A with inhibitors (see Appendix).
2. The inhibitor titer is ≥ 5 Bethesda units per milliliter (BU/mL) OR the member has a history of an inhibitor titer ≥ 5 BU.
3. The requested medication is prescribed by or in consultation with a hematologist.

Hemophilia B With Inhibitors

1. Member has a diagnosis of Hemophilia B with inhibitors (see Appendix).
2. The inhibitor titer is ≥ 5 Bethesda units per milliliter (BU/mL) OR the member has a history of an inhibitor titer ≥ 5 BU.
3. The requested medication is prescribed by or in consultation with a hematologist.

Acquired Hemophilia A

1. Member has a diagnosis of acquired hemophilia A.
2. The 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. Member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

Limitations

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

Appendix

Inhibitors - Bethesda Units (BU)

The presence of inhibitors is confirmed by a specific blood test called the Bethesda inhibitor assay.

- High-titer inhibitors:
 - ≥ 5 BU/mL
 - Inhibitors act strongly and quickly neutralize factor
- Low-titer inhibitors:
 - < 5 BU/mL
 - Inhibitors act weakly and slowly neutralize factor

References

1. *Acquired hemophilia*. World Federation of Hemophilia. <http://www1.wfh.org/publications/files/pdf-1186.pdf>. Accessed December 2, 2022.
2. FEIBA (anti-inhibitor coagulant complex) [prescribing information]. Lexington, MA: Baxalta US Inc.; December 2024.
3. Kruse-Jarres, R, Kempton CL, Baudo, F, et al. Acquired hemophilia A: Updated review of evidence and treatment guidance. *Am J Hematol*. 2017;92:695-705.
4. 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. Accessed December 2, 2022.
5. National Hemophilia Foundation. MASAC recommendations regarding prophylaxis with bypassing agents in patients with hemophilia and high titer inhibitors. MASAC Document #220. <https://www.hemophilia.org/sites/default/files/document/files/masac220.pdf>. Accessed December 2, 2022.
6. Srivastava A, Santagostino E, Dougall A, et al. WFH Guidelines for the Management of Hemophilia, 3rd edition. *Haemophilia*. 2020;26 Suppl 6:1-158. doi:10.1111/hae.14046.
7. Tiede A, Collins P, Knoebel P, et al. International recommendations on the diagnosis and treatment of acquired hemophilia A. *Haematologica*. 2020;105(7):1791-1801. doi:10.3324/haematol.2019.230771.
8. Franchini M, Mannucci PM. Acquired haemophilia A: a 2013 update. *Thromb Haemost*. 2013;110(6):1114-20.

Review History

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

12/11/2024 – Reviewed at December P&T. No changes. Effective 1/1/2025.



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

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

