Mass General Brigham
Health Plan

Qfitlia (fitusiran)
Effective 10/01/2025

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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
Qfitlia (fitusiran) is an antithrombin-directed small interfering ribonucleic acid indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients aged 12 years and older with hemophilia A or B with or without factor VIII or IX 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. Member has one of the following diagnoses:
    a. Hemophilia A with or without factor VIII inhibitors
    b. Hemophilia B with or without factor IX inhibitors
2. Member is 12 years of age or older
3. Requested medication will be used for prophylaxis to prevent or reduce the frequency of bleeding episodes
4. Member has the presence of antithrombin (AT) activity greater than 60%
5. Requested medication is prescribed by or in consultation with a hematologist
6. Member will discontinue use of other prophylactic Factor VIII or factor IX therapies after the first week of treatment with Qfitlia

<u>Continuation of Therapy</u>
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

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3. Manco-Johnson MJ, Kempton CL, Reding MT, et al. Randomized, controlled, parallel-group trial of routine prophylaxis vs. on-demand treatment with sucrose-formulated recombinant factor VIII in adults with severe hemophilia A (SPINART) [published correction appears in J Thromb Haemost. 2014;12(1):119-22]. *J Thromb Haemost*. 2013;11(6):1119-1127. doi:10.1111/jth.12202.
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10. Srivastava A, Rangarajan S, Kavakli K, et al. Fitusiran prophylaxis in people with severe haemophilia A or haemophilia B without inhibitors (ATLAS-A/B): a multicentre, open-label, randomised, phase 3 trial. *Lancet Haematol*. 2023;10(5):e322-e332. doi:10.1016/S2352-3026(23)00037-6.
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