



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Wilate

Page: 1 of 3

Effective Date: 4/7/2024

Last Review Date: 4/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Wilate under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

1. Wilate is indicated in children and adults with von Willebrand Disease (VWD) for:
 - a. On-demand treatment and control of bleeding episodes
 - b. Perioperative management of bleeding
2. Wilate is indicated in adolescents and adults with hemophilia A for:
 - a. Routine prophylaxis to reduce the frequency of bleeding episodes
 - b. On-demand treatment and control of bleeding episodes

B. Compendial Use

Acquired von Willebrand Syndrome

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

Applicable Drug List:

Wilate

Policy/Guideline:

Prescriber Specialty:

Must be prescribed by or in consultation with a hematologist.

Criteria for Initial Approval:

A. Von Willebrand Disease

Authorization of 12 months may be granted for members with VWD when either of the following criteria is met:



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Wilate

Page: 2 of 3

Effective Date: 4/7/2024

Last Review Date: 4/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

1. Member has type 1, 2A, 2M, or 2N VWD and has had an insufficient response to desmopressin or a documented clinical reason for not using desmopressin (see Appendix B).
2. Member has type 2B or type 3 VWD.

B. Acquired von Willebrand Syndrome

Authorization of 12 months may be granted for treatment of acquired von Willebrand syndrome.

C. Hemophilia A

Authorization of 12 months may be granted for hemophilia A when the requested medication will be used for either of the following:

1. Member has mild disease (see Appendix A) and has had an insufficient response to desmopressin or a documented clinical reason for not using desmopressin (see Appendix B).
2. Member has moderate or severe disease (see Appendix A).

Continuation of Therapy:

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in criteria for initial approval when the member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

Appendices:

Appendix A: Classification of Hemophilia by Clotting Factor Level (% Activity) and Bleeding Episodes

Severity	Clotting Factor Level % activity*	Bleeding Episodes
Severe	<1%	Spontaneous bleeding episodes, predominantly into joints and muscles Severe bleeding with trauma, injury or surgery
Moderate	1% to 5%	Occasional spontaneous bleeding episodes Severe bleeding with trauma, injury or surgery
Mild	6% to 40%	Severe bleeding with serious injury, trauma or surgery

*Factor assay levels are required to determine the diagnosis and are of value in monitoring treatment response.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Wilate

Page: 3 of 3

Effective Date: 4/7/2024

Last Review Date: 4/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Appendix B: Clinical Reasons For Not Utilizing Desmopressin in Patients with Hemophilia A and Type 1, 2A, 2M and 2N VWD

- Age < 2 years
- Pregnancy
- Fluid/electrolyte imbalance
- High risk for cardiovascular or cerebrovascular disease (especially the elderly)
- Predisposition to thrombus formation
- Trauma requiring surgery
- Life-threatening bleed
- Contraindication or intolerance to desmopressin
- Severe type 1 von Willebrand disease
- Stimate Nasal Spray is unavailable due to backorder/shortage issues (where applicable)

Approval Duration and Quantity Restrictions:

Approval: 12 months

References:

- Wilate [package insert]. Paramus, NJ: Octapharma USA Inc.; March 2020.
- National Institutes of Health. The diagnosis, evaluation, and management of von Willebrand disease. Bethesda, MD: US Dept of Health and Human Services, National Institutes of Health; 2007. NIH publication No. 08-5832.
- Tiede A, Rand J, Budde U, et al. How I treat the acquired von Willebrand syndrome. *Blood*. 2011;117(25):6777-85.
- Srivastava A, Santagostino E, Dougall A, et al. WFH Guidelines for the Management of Hemophilia, 3rd edition. *Haemophilia*. 2020 Aug;26 Suppl 6:1-158.
- Federici A, Budde U, Castaman G, Rand J, Tiede A. Current diagnostic and therapeutic approaches to patients with acquired von Willebrand syndrome: a 2013 update. *Semin Thromb Hemost*. 2013;39(2):191-201.
- National Hemophilia Foundation. MASAC Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Selected Disorders of the Coagulation System. Revised August 2023. MASAC Document #280. <https://www.hemophilia.org/healthcare-professionals/guidelines-on-care/masac-documents/masac-document-280-masac-recommendations-concerning-products-licensed-for-the-treatment-of-hemophilia-and-selected-disorders-of-the-coagulation-system>. Accessed October 6, 2023.
- National Hemophilia Foundation. MASAC recommendations regarding the treatment of von Willebrand disease. Revised February 2021. MASAC Document #266. <https://www.hemophilia.org/sites/default/files/document/files/266.pdf>. Accessed October 6, 2023.
- Stimate [package insert]. King of Prussia, PA: CSL Behring LLC; June 2021.
- Leissinger C, Carcao M, Gill JC, et al. Desmopressin (DDAVP) in the management of patients with congenital bleeding disorders. *Haemophilia*. 2014;20:158-167.