STANDARD MEDICARE PART B MANAGEMENT

FIBRYGA (fibrinogen [human])

POLICY

I. INDICATIONS

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.

FDA-Approved Indication

Fibryga is indicated for the treatment of acute bleeding episodes in adults and children with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.

Fibryga is not indicated for dysfibrinogenemia.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

Congenital Fibrinogen Deficiency

Authorization of 1 month may be granted for treatment of acute bleeding episodes in members with a diagnosis of congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:

- 1. The prescribing information for Fibryga.
- 2. The available compendium
 - a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
 - b. Micromedex DrugDex
 - c. American Hospital Formulary Service- Drug Information (AHFS-DI)
 - d. Lexi-Drugs
 - e. Clinical Pharmacology
- 3. MASAC recommendations concerning products licensed for the treatment of hemophilia and selected disorders of the coagulation system.

Fibryga 6324-A MedB CMS P2024.docx

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Reference	number(s)
6324-A	

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Fibryga are covered.

V. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

VI. REFERENCES

- 1. Fibryga [package insert]. Paramus, NJ: Octapharma USA, Inc.; December 2020.
- 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 January 10, 2024.





