Drug Coverage Policy

Effective Date……12/15/2024
Coverage Policy Number……IP0357
Policy Title….Hematology – Fibrinogen Products

Hematology – Fibrinogen Products

- Fibryga® (fibrinogen [human] intravenous injection – Octapharma)
- RiaSTAP® (fibrinogen concentrate [human] intravenous injection – CSL Behring)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Medical Necessity Criteria

I. Fibryga and RiaSTAP are considered medically necessary when the following criteria are met:

1. **Congenital Fibrinogen Deficiency (Factor I Deficiency), including Afibrinogenemia and Hypofibrinogenemia.** Individual meets the following criteria:
   A. Medication is prescribed by, or in consultation with, a hematologist.

Dosing. Up to 700 mg/kg intravenously per 28 days.

II. Fibryga is considered medically necessary when the following criteria are met:

1. **Acquired Fibrinogen Deficiency.** Individual meets the following criteria:
   A. Medication is prescribed by, or in consultation with, a hematologist.

   Dosing. Approve **ONE** of the following doses:
   A) Patients ≥ 18 years of age: Approve up to 40 g per 28 days given intravenously; OR
   B) Patients < 18 years of age and ≥ 12 years of age: Approve up to 500 mg/kg per 28 days given intravenously; OR
   C) Children < 12 years of age: Approve up to 700 mg/kg per 28 days given intravenously.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Reauthorization Criteria

Continuation of Fibryga and RiaSTAP are considered medically necessary for treatment of congenital fibrinogen deficiency (Factor 1 deficiency), including afibrinogenemia and hypofibrinogenemia when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months
Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered not medically necessary, including the following (this list may not be all inclusive):

1. Concomitant Use of Fibryga and RiaSTAP. There are no data to support concomitant use of these products.
2. Dysfibrinogenemia. In dysfibrinogenemia, patients have adequate levels of fibrinogen but dysfunctional clotting.[3,4] Fibryga and RiaSTAP are not indicated for dysfibrinogenemia.[1,2]

Background

OVERVIEW
Fibryga and RiaSTAP, human fibrinogen concentrates, are indicated for treatment of acute bleeding episodes in patients with **congenital fibrinogen deficiency**, including afibrinogenemia and hypofibrinogenemia.[1,2] Fibryga is also FDA-approved for fibrinogen supplementation in

bleeding patients with **acquired fibrinogen deficiency**.[2] Both the Fibryga and RiaSTAP prescribing information note that these agents are not indicated for dysfibrinogenemia.[1,2]

Disease Overview
Congenital deficiencies in fibrinogen (also known as Factor I) can be quantitative or qualitative.[3-5] Quantitative disorders include afibrinogenemia (absence of circulating fibrinogen) and hypofibrinogenemia (low levels of circulating fibrinogen). By contrast, dysfibrinogenemia is a qualitative deficiency in which fibrinogen levels are adequate, but function is impaired. In all cases, clinical presentation is variable; however, bleeding and thromboembolism are possible.[6,7] Treatment of fibrinogen deficiency is generally on-demand for acute bleeding episodes, although effective prophylaxis has been used in high-risk patients (e.g., secondary prevention after cerebral hemorrhage, primary prevention during pregnancy to prevent miscarriage).

Guidelines
Guidelines are available from the British Committee for Standards in Haemotology (2014); the guideline was written prior to approval of Fibryga.[8] Fibrinogen concentrate (e.g., RiaSTAP) may be required to treat or prevent bleeding. Cryoprecipitate is noted to be similarly effective to fibrinogen concentrate but may be associated with transfusion reactions or volume overload.

Dosing Information
Dosing is highly individualized. Guidance specific to congenital fibrinogen deficiency is limited. The National Hemophilia Foundation Medical and Scientific Advisory Council (MASAC) provides recommendations regarding doses of clotting factor concentrate in the home (2016).[9] The number of required doses varies greatly and is dependent on the severity of the disorder and the prescribed regimen. Per MASAC guidance, patients on prophylaxis should also have a minimum of one major dose and two minor doses on hand for breakthrough episodes in addition to the prophylactic doses used monthly. The guidance also notes that an adequate supply of clotting factor concentrate is needed to accommodate weekends and holidays. Therefore, maximum doses in this policy allow for prophylactic dosing plus three days of acute episodes or perioperative management per 28 days. Doses exceeding this quantity will be reviewed on a case-by-case basis by a clinician.
Dosing considerations for individual indications are as follows:

- **Congenital Fibrinogen Deficiency, Including Afibrinogenemia and Hypofibrinogenemia:** Doses of Fibryga and RiaSTAP are individualized based on patient-specific characteristics (e.g., extent of bleeding, clinical condition, laboratory values).[1,2] Treatment with fibrinogen products is repeated as needed to maintain target levels. Based on the product half-lives of approximately three days[1,2], it is not anticipated that dosing more frequent than once daily would typically be needed. On-demand doses up to 100 mg/kg are supported.[7] Prophylactic dosing is not well established; doses up to 100 mg/kg and intervals as frequent as once weekly have been reported.[7]
- **Acquired Fibrinogen Deficiency:** Additional doses of Fibryga may be required after initial administration based on plasma fibrinogen levels or thromboelastometry. Also, doses may need to be adjusted based on the bleeding severity, body weight of the patient, and clinical condition of the patient; multiple doses may be required. Dosing is provided for up to 10 doses per 28 days.

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg

References

1. RiaSTAP® intravenous infusion [prescribing information]. Kankakee, IL: CSL Behring; June 2021.
2. Fibryga® intravenous infusion [prescribing information]. Paramus, NJ: Octapharma; July 2024.
3. May JE, Wolberg AS, Lim MY. Disorders of fibrinogen and fibrinolysis. *Hematol Oncol Clin North Am*. 2021;35(6):1197-1217.
4. Factor I (Fibrinogen) Deficiency. National Hemophilia Foundation. Available at: https://www.hemophilia.org/Bleeding-Disorders/Types-of-Bleeding-Disorders/Other-Factor-Deficiencies/Factor-I. Accessed on August 19, 2024.
5. Casini A, Unda A, Palla R, et al. Diagnosis and classification of congenital fibrinogen disorders: communication from the SSC of the ISTH. *J Thromb Hemost.* 2018;16(9).
6. Congenital afibrinogenemia. National Organization for Rare Disorders. Updated 2018. Available at: https://rarediseases.org/rare-diseases/afibrinogenemia-congenital/. Accessed on August 19, 2024.
7. Palla R, Peyvandi F, Shapiro AD. Rare bleeding disorders: diagnosis and treatment. *Blood.* 2015;125(13):2052-2061.
8. Mumford AD, Ackroyd S, Alikhan R, et al.; BCSH Committee. Guideline for the diagnosis and management of the rare coagulation disorders: a United Kingdom Haemophilia Centre Doctors' Organization guideline on behalf of the British Committee for Standards in Haematology. *Br J Haematol*. 2014;167(3):304-26.
9. MASAC (Medical and Scientific Advisory Council) recommendations regarding doses of clotting factor concentrate in the home. MASAC Document #242. Adopted on June 7, 2016. Available at: https://www.hemophilia.org/sites/default/files/document/files/242.pdf. Accessed on August 14, 2024.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	**Updated** coverage policy title.	5/1/2024
Selected Revision	**Updated** review date, disclaimer, refreshed background and references. **Congenital Fibrinogen Deficiency (Factor I Deficiency), Including Afibrinogenemia and Hypofibrinogenemia:** For both Fibryga and RiaSTAP, criteria were removed regarding the diagnosis be confirmed by laboratory testing. This includes the requirement that the patient has a prolonged activated partial thromboplastin time and prothrombin time at baseline (as defined by the	12/15/2024

	laboratory reference values) AND the patient has lower than normal plasma functional and antigenic fibrinogen levels at baseline (as defined by the laboratory reference values). **Acquired Fibrinogen Deficiency:** This was added as a new approval indication for Fibryga only. Dosing was also added.	

The policy effective date is in force until updated or retired.