ConnectiCare

Commercial PA Criteria

Effective: January 30, 2025

Prior Authorization: Hympavzi (marstacimab-hncq)

Products Affected: Hympavzi (marstacimab-hncq) subcutaneous injection

Medication Description: Hympavzi is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with: hemophilia A (congenital factor VIII deficiency) without factor VIII inhibitors, or hemophilia B (congenital factor IX deficiency) without factor IX inhibitors.

Covered Uses:

1. Hemophilia A (congenital factor VIII deficiency) without factor VIII inhibitors,
2. Hemophilia B (congenital factor IX deficiency) without factor IX inhibitors.

Exclusion Criteria: None

Required Medical Information:

1. Diagnosis
2. Medical History
3. Past therapies tried and failed

Prescriber Restriction: The medication is prescribed by or in consultation with a hemophilia specialist.

Age Restriction: The patient is ≥ 12 years of age.

Coverage Duration: 12 months

Other Criteria:

1. Hemophilia A without Factor VIII Inhibitors. Approve if the patient meets ONE of the following (A or B):

A. Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
   i. Patient is ≥ 12 years of age; **AND**
   ii. Patient is using Hympavzi for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; **AND**
   iii. Patient has severe hemophilia A as evidenced by a baseline (without Factor VIII replacement therapy) Factor VIII level of < 1%; **AND**
   iv. Patient meets **ONE** of the following (a or b):
      a. Patient meets **BOTH** of the following [(1) and (2)]:
         (1) Factor VIII inhibitor titer testing has been performed within the past 30 days; **AND**
         (2) Patient does not have a positive test for Factor VIII inhibitors of ≥ 1.0 Bethesda units/mL; **OR**
      b. Patient has not received Factor VIII therapy in the past; **AND**
   v. According to the prescriber, prophylactic use of Factor VIII products will not occur while using Hympavzi; **AND**
   Note: Use of Factor VIII products for the treatment of breakthrough bleeding is permitted.
   vi. The medication is prescribed by or in consultation with a hemophilia specialist.

B. Patient is Currently Receiving Hympavzi. Approve if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is using Hympavzi for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; **AND**
ii. According to the prescriber, prophylactic use of Factor VIII products will not occur while using Hympavzi; **AND**
Note: Use of Factor VIII products for the treatment of breakthrough bleeding is permitted.
iii. The medication is prescribed by or in consultation with a hemophilia specialist; **AND**
iv. According to the prescriber, patient experienced a beneficial response to therapy.
Note: Examples of a beneficial response to therapy include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeds.

2. Hemophilia B without Factor IX Inhibitors. Approve if the patient meets ONE of the following (A or B):

A. Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
i. Patient is ≥ 12 years of age; **AND**
ii. Patient is using Hympavzi for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; **AND**
iii. Patient has moderately severe or severe hemophilia B as evidenced by a baseline (without Factor IX replacement therapy) Factor IX level ≤ 2%; **AND**
iv. Patient meets **ONE** of the following (a or b):
a. Patient meets **BOTH** of the following [(1) and (2)]:
(1) Factor IX inhibitor titer testing has been performed within the past 30 days; **AND**
(2) Patient does not have a positive test for Factor IX inhibitors of ≥ 1.0 Bethesda units/mL; **OR**
b. Patient has not received Factor IX therapy in the past; **AND**
v. According to the prescriber, prophylactic use of Factor IX products will not occur while receiving Hympavzi; **AND**
Note: Use of Factor IX products for the treatment of breakthrough bleeding is permitted.
vi. The medication is prescribed by or in consultation with a hemophilia specialist.

B. Patient is Currently Receiving Hympavzi. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
i. Patient is using Hympavzi for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; **AND**
ii. According to the prescriber, prophylactic use of Factor IX products will not occur while using Hympavzi; **AND**
Note: Use of Factor IX products for the treatment of breakthrough bleeding is permitted.
iii. The medication is prescribed by or in consultation with a hemophilia specialist; **AND**
iv. According to the prescriber, patient experienced a beneficial response to therapy.
Note: Examples of a beneficial response include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeding events.

References:

1. Hympavzi™ subcutaneous injection [prescribing information]. New York, NY: Pfizer; October 2024.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/30/2025