## SPECIALTY GUIDELINE MANAGEMENT

# RIASTAP (fibrinogen concentrate [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

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

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

#### II. CRITERIA FOR INITIAL APPROVAL

### **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. REFERENCES**

- 1. RiaSTAP [package insert]. Kankakee, IL: CSL Behring LLC; April 2019.
- 2. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised April 2018. MASAC Document # 253. Accessed December 3, 2019.

RiaSTAP 2983-A SGM P2020

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