Reference number(s)
2983-A

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.