Mass General Brigham
Health Plan

Fibryga (fibrinogen [human])
Effective 03/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Fibryga is indicated for:

- Fibrinogen supplementation in bleeding patients with acquired fibrinogen deficiency
- Treatment of acute bleeding episodes in patients with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.

Fibryga is not indicated for dysfibrinogenemia.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days and are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria is met:

1. Member has one of the following diagnoses:
    a. Congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia
    b. Acquired fibrinogen deficiency

<u>Continuation of Therapy</u>
All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

Limitations

1. Initial approvals will be granted for 1 month.

References
1. Fibryga (fibrinogen) [prescribing information]. Paramus, NJ: Octapharma USA, Inc.; July 2024.

2. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised August 2020. MASAC Document #263. https://www.hemophilia.org/sites/default/files/document/files/263_treatment.pdf. Accessed September 28, 2021.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024
12/11/2024: Reviewed and updated at December P&T. Added supplemental indication of acquired fibrinogen deficiency to policy. Effective 03/01/2025.