Mass General Brigham
Health Plan

Tretten (coagulation Factor XIII A-Subunit [recombinant])
Effective 06/01/2025

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
Tretten (coagulation factor XIII A-subunit [recombinant]) is indicated for routine prophylaxis of bleeding in patients with congenital factor XIII A-subunit deficiency. Tretten is not for use in patients with congenital factor XIII B-subunit deficiency.
All other indications are considered experimental/investigational and not medically necessary.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who 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 are met:

1. Requested medication is being used for prophylaxis of bleeding in members with congenital factor XIII A-subunit deficiency.

Continuation of Therapy
Requests for reauthorization will be approved when the following criteria are met:

1. Member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

Limitations
Approvals will be granted for 12 months.

References

1. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised March 2022. MASAC Document #272. https://www.hemophilia.org/sites/default/files/document/files/272_Treatment.pdf. Accessed October 4, 2022.

2. Tretten (coagulation factor XIII A-subunit [recombinant] [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc.; June 2020.

Review History
12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024
05/14/2025 – Reviewed at May P&T. No change. Effective 06/01/2025.