

Fibryga (fibrinogen [human])
Effective 01/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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

Continuation of Therapy

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.

10/08/2025 – Reviewed and updated at October P&T. Updated policy to reflect it no longer applies to the medical benefit. Effective 01/01/2026.

