Mass General Brigham
Health Plan

Vonvendi (von Willebrand factor [recombinant])
Effective 01/01/2026

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 Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Vonvendi (von Willebrand factor [recombinant]) is a recombinant von Willebrand factor (rVWF) indicated for use in adults (age 18 and older) diagnosed with von Willebrand disease (VWD) for:

1. On-demand treatment and control of bleeding episodes
2. Perioperative management of bleeding.
3. Routine Prophylaxis to reduce the frequency of bleeding episodes in patients with severe Type 3 VWD receiving on-demand therapy

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

All of the following criteria are met:

1. Diagnosis of von Willebrand Disease (VWD)
2. Requested medication is prescribed by or in consultation with a hematologist
3. Member meets ONE of the following:
   a. Member has type 1, 2A, 2M, or 2N VWD and has had an insufficient response to desmopressin or a documented clinical reason for not using desmopressin (see Appendix).
   b. Member has type 2B or type 3 VWD

<u>Continuation of Therapy</u>

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

1. Initial and reauthorization approvals will be granted for 12 months.

Appendix

Clinical Reasons for Not Utilizing Desmopressin in Patients with Type 1, 2A, 2M and 2N VWD

A. Age < 2 years
B. Pregnancy
C. Fluid/electrolyte imbalance
D. High risk for cardiovascular or cerebrovascular disease (especially the elderly)
E. Predisposition to thrombus formation
F. Trauma requiring surgery
G. Life-threatening bleed
H. Contraindication or intolerance to desmopressin
I. Severe type 1 von Willebrand disease
J. Stimate Nasal Spray is unavailable due to backorder/shortage issues (where applicable)

References

1. Leissinger C, Carcao M, Gill JC, et al. Desmopressin (DDAVP) in the management of patients with congenital bleeding disorders. *Haemophilia*. 2014;20:158-167.
2. National Institutes of Health. The diagnosis, evaluation, and management of von Willebrand disease. Bethesda, MD: US Dept of Health and Human Services, National Institutes of Health; 2007. NIH publication No. 08-5832.
3. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised March 2022. MASAC Document #272.
4. National Hemophilia Foundation. MASAC recommendations regarding the treatment of von Willebrand disease. Revised February 2021. MASAC Document #266.
5. Stimate [package insert]. King of Prussia, PA: CSL Behring LLC; June 2021.
6. Vonvendi (von Willebrand factor [recombinant]) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals USA, Inc; March 2023.

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 changes. Effective 6/1/2025.
10/08/2025 – Reviewed at October P&T. Updated policy to indicate that it no longer applies to the medical benefit. Effective 01/01/2026.