

<b>Clinical Policy Title:</b>	marstacimab-hncq
<b>Policy Number:</b>	RxA.889
<b>Drug(s) Applied:</b>	Hypavzi
<b>Original Policy Date:</b>	6/19/2025
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Hemophilia A or B (must meet all):

1. Diagnosis of hemophilia A or B;
2. Patient has severe hemophilia as defined by factor VIII or IX level <1%;
3. Prescribed for prophylaxis of bleeding episodes;
4. Patient does not have inhibitors;
5. Patient will discontinue use of other prophylactic therapies.

#### 6. Approval duration

**All Lines of Business (except Medicare):** 12 months

### II. Continued Therapy Approval

#### A. Hemophilia A or B (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

#### Approval duration

**All Lines of Business (except Medicare):** 12 months

## References

1. Srivastava A, Santagostino E, Dougall A, et al. WFH Guidelines for the Management of Hemophilia, 3rd Edition. Haemophilia. 2020. Accessed June 10, 2025, Available at: <https://www1.wfh.org/publications/files/pdf-1863.pdf>.
2. Hart DP, Matino D, Astermark J, et al. International consensus recommendations on the management of people with haemophilia B. Ther Adv Hematol. 2022;13:20406207221085202. Published 2022. Accessed June 10, 2025, Available at: <https://pubmed.ncbi.nlm.nih.gov/35392437/>.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	6/19/2025	6/19/2025
Policy was Reviewed: 1. Removed the requirement of trial and failure of IV prophylactic factor VIII replacement products.	9/10/2025	9/10/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Policy reviewed	12/11/2025	12/11/2025