Clinical Policy Title:	marstacimab-hncq
Policy Number:	RxA.889
Drug(s) Applied:	Hympavzi
Original Policy Date:	06/19/2025
Last Review Date:	07/06/2026
Line of Business Policy Applies to:	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 will discontinue use of other prophylactic therapies.

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

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Policy was reviewed 1. Due to new updated diagnosis of hemophilia to include with or without inhibitors, criteria 4 (patient does not have inhibitors) has been removed.	07/06/2026	N/A

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