PRIOR AUTHORIZATION POLICY

POLICY: Hemophilia – Non-Factor Routine Prophylaxis Products – Hympavzi Prior Authorization Policy
- Hympavzi™ (marstacimab-hncq subcutaneous injection – Pfizer)

REVIEW DATE: 06/11/2025

OVERVIEW

Hympavzi, a tissue factor pathway inhibitor antagonist, is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients ≥ 12 years of age with 1) hemophilia A (congenital Factor VIII deficiency) without Factor VIII inhibitors, and 2) hemophilia B (congenital Factor IX deficiency) without Factor IX inhibitors.[1]

Hympavzi is recommended to be given as a 300 mg loading dose by subcutaneous injection (two 150 mg subcutaneous injections).[1] One week after the loading dose, initiate maintenance dosing of 150 mg once weekly by subcutaneous injection on the same day each week, at any time of the day. After proper training, Hympavzi may be self-administered.

Disease Overview

Hemophilia A and B are genetic bleeding disorders caused by a dysfunction or a deficiency of coagulation Factor VIII and Factor IX, respectively.[2-7] Because hemophilia is an X-linked condition, males are primarily impacted. Patients who have these types of hemophilias are not able to properly form clots in the blood and may bleed for a longer time than normal following injury or surgery. Patients may also experience spontaneous bleeding in muscles, joints, and organs. Bleeds may be life-threatening. A main morbidity is hemophilic arthropathy, which limits mobility. It is estimated that 33,000 males are living with hemophilia in the US; hemophilia A accounts for around 80% of the cases (approximately 26,400 patients) and hemophilia B comprises 20% of cases (around 6,600 patients). Hemophilias are often classified as mild, moderate, or severe based on reduced Factor VIII or IX levels. Approximately 50% and 30% of patients with hemophilia A and hemophilia B, respectively, have severe disease. The formation of antibodies (or inhibitors) to factor products is a challenging complication as it causes Factor VIII and Factor IX therapies to be ineffective, which increases bleeding frequency and severity. Antibodies develop in around 30% and 10% of patients with severe hemophilia A and hemophilia B, respectively.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Hympavzi. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Hympavzi as well as the monitoring required for adverse events and long-term efficacy, approval requires Hympavzi to be prescribed by or in consultation with a hemophilia specialist.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Hympavzi is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Hemophilia A without Factor VIII Inhibitors.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
     - **i.** Patient is ≥ 12 years of age; AND
     - **ii.** Patient is using Hympavzi for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
     - **iii.** Patient has moderately severe to severe hemophilia A as evidenced by a baseline (without Factor VIII replacement therapy) Factor VIII level of ≤ 2%; AND
     - **iv.** Patient meets ONE of the following (a or b):
       - **a)** Patient meets BOTH of the following [(1) and (2)]:
         - **(1)** Factor VIII inhibitor titer testing has been performed within the past 30 days; AND
         - **(2)** Patient does not have a positive test for Factor VIII inhibitors of ≥ 1.0 Bethesda units/mL; OR
       - **b)** Patient has not received Factor VIII therapy in the past; AND
     - **v.** According to the prescriber, prophylactic use of Factor VIII products will be discontinued; AND
       Note: Use of Factor VIII products for the treatment of breakthrough bleeding is permitted.
     - **vi.** The medication is prescribed by or in consultation with a hemophilia specialist; OR
   - **B)** Patient is Currently Receiving Hympavzi. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is using Hympavzi for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
     - **ii.** According to the prescriber, prophylactic use of Factor VIII products will not occur while receiving Hympavzi; AND
       Note: Use of Factor VIII products for the treatment of breakthrough bleeding is permitted.
     - **iii.** The medication is prescribed by or in consultation with a hemophilia specialist; AND
     - **iv.** According to the prescriber, patient experienced a beneficial response to therapy.
       Note: Examples of a beneficial response to therapy include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeds.

2. **Hemophilia B without Factor IX Inhibitors.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
     - **i.** Patient is ≥ 12 years of age; AND
     - **ii.** Patient is using Hympavzi for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND
     - **iii.** Patient has moderately severe to severe hemophilia B as evidenced by a baseline (without Factor IX replacement therapy) Factor IX level of ≤ 2%; AND
     - **iv.** Patient meets ONE of the following (a or b):
       - **a)** Patient meets BOTH of the following [(1) and (2)]:
         - **(1)** Factor IX inhibitor titer testing has been performed within the past 30 days; AND
         - **(2)** Patient does not have a positive test for Factor IX inhibitors of ≥ 1.0 Bethesda units/mL; OR
       - **b)** Patient has not received Factor IX therapy in the past; AND
     - **v.** According to the prescriber, prophylactic use of Factor IX products will be discontinued; AND
       Note: Use of Factor IX products for the treatment of breakthrough bleeding is permitted.
     - **vi.** The medication is prescribed by or in consultation with a hemophilia specialist; OR
   - **B)** Patient is Currently Receiving Hympavzi. Approve if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is using Hympavzi for routine prophylaxis to prevent or reduce the frequency of bleeding episodes; AND

ii. According to the prescriber, prophylactic use of Factor IX products will not occur while receiving Hympavzi; AND
Note: Use of Factor IX products for the treatment of breakthrough bleeding is permitted.

iii. The medication is prescribed by or in consultation with a hemophilia specialist; AND

iv. According to the prescriber, patient experienced a beneficial response to therapy.
Note: Examples of a beneficial response to therapy include a reduction in bleeding events, in the severity of bleeding episodes, in the number of bleeding events that required treatment, and/or in the number of spontaneous bleeds.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Hympavzi is not recommended in the following situations:

1. **Concurrent Use with Alhemo (concizumab-mtci subcutaneous injection), Hemlibra (emicizumab-kxwh subcutaneous injection), or Qfitlia (fitusiran subcutaneous injection).** These are also non-factor products used for routine prophylaxis in hemophilia A and/or B.[8-10] There is no evidence to support concomitant use of Hympavzi with Alhemo, Hemlibra, or Qfitlia.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Hympavzi™ subcutaneous injection [prescribing information]. New York, NY: Pfizer; October 2024.
2. Chowdary P, Carcao M, Kenet G, Pipe SW. Haemophilia. *Lancet*. 2025;405(10480):736-750.
3. Franchini M, Mannucci PM. The more recent history of hemophilia treatment. *Semin Thromb Hemost*. 2022;48(8):904-910.
4. Croteau SE. Hemophilia A/B. *Hematol Oncol Clin North Am*. 2022;36(4):797-812.
5. Centers for Disease Control and Prevention. Data and statistics on hemophilia. Available at: https://www.cdc.gov/hemophilia/data-research/. Accessed on June 6, 2025.
6. National Bleeding Disorders Foundation. Hemophilia A: An overview of symptoms, genetics, and treatments to help you understand hemophilia B. Available at: https://www.bleeding.org/bleeding-disorders-a-z/types/hemophilia-a. Accessed on June 6, 2025.
7. National Hemophilia Foundation. Hemophilia B. An overview of symptoms, genetics, and treatments to help you understand hemophilia B. Available at: https://www.hemophilia.org/bleeding-disorders-a-z/types/hemophilia-b. Accessed on June 6, 2025.
8. Alhemo® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; May 2025.
9. Hemlibra® subcutaneous injection [prescribing information]. South San Francisco, CA and Tokyo, Japan: Genentech/Roche and Chugai; January 2024.
10. Qfitlia™ subcutaneous injection [prescribing information]. Cambridge, MA: Genzyme/Sanofi; March 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	11/22/2024
Selected Revision	**Hemophilia A without Factor VIII Inhibitors:** In Initial Therapy, the threshold for a positive inhibitor test was changed to ≥ 1.0 Bethesda units/mL; previously, it was > 0.6 Bethesda units/mL. It was added that a patient who has not received Factor VIII therapy in the past is not required to meet the inhibitor testing requirements. **Hemophilia B without Factor IX Inhibitors:** In Initial Therapy, the threshold for a positive inhibitor test was changed to ≥ 1.0 Bethesda units/mL; previously, it was ≥ 0.3 Bethesda units/mL. It was added that a patient who has not received Factor IX therapy in the past is not required to meet the inhibitor testing requirements.	12/04/2024
Early Annual Revision	"Non-Factor Routine Prophylaxis Products" was added to the title of the Policy. In addition, the following changes were made: **Hemophilia A without Factor VIII Inhibitors:** In Initial Therapy, the requirement that "Patient has severe hemophilia A as evidence by a baseline (without Factor VIII replacement therapy) Factor VIII level of < 1%" was changed to "Patient has moderate to severe hemophilia A as evidenced by a baseline (without Factor VIII replacement therapy) Factor VIII level of ≤ 2%". Regarding prophylactic use of Factor VIII products, the phrase "will not occur while using Hympavzi" was changed to "will be discontinued". For a Patient Currently Receiving Hympavzi, for the criteria regarding prophylactic use of Factor VIII products, the word "using" was changed to "receiving". **Hemophilia B without Factor IX Inhibitors:** In Initial Therapy, the wording "moderately severe or severe hemophilia B" was changed to "moderately severe to severe hemophilia B". Regarding prophylactic use of Factor IX products, the phrase "will not occur while using Hympavzi" was changed to "will be discontinued". For a Patient Currently Receiving Hympavzi, for the criteria regarding prophylactic use of Factor IX products, the word "using" was changed to "receiving". In the Note regarding examples of a beneficial response, the phrase "to therapy" was added and "spontaneous bleeding events" was changed to "spontaneous bleeds." **Conditions Not Recommended for Approval:** Qfitlia was added as a medication that should not be used concurrently with Hympavzi.	06/11/2025