

**HYMPAVZI
(marstacimab-hncq)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Hemophilia A (congenital factor VIII deficiency)
 - a. Severe factor VIII deficiency at baseline (factor VIII level < 1%)
 - b. No detectable level or documented history of factor VIII inhibitors
2. Hemophilia B (congenital factor IX deficiency)
 - a. Moderately severe to severe factor IX deficiency at baseline (factor IX level of $\leq 2\%$)
 - b. No detectable level or documented history of factor IX inhibitors

AND ALL of the following for **ALL** indications:

1. Used for routine prophylaxis to prevent or reduce the frequency of bleeding episodes
2. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Hymravzi and for 2 months after the last dose

Prior - Approval Limits

Quantity 24 injections per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 12 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Hemophilia A (congenital factor VIII deficiency)
 - a. No detectable level or documented history of factor VIII inhibitors
2. Hemophilia B (congenital factor IX deficiency)



**BlueCross
BlueShield**

Federal Employee Program.

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- a. No detectable level or documented history of factor IX inhibitors

AND ALL of the following for **ALL** indications:

1. Patient has had a clinical benefit from Hymravzi therapy (e.g., reduced bleeding episodes)
2. Used for routine prophylaxis to prevent or reduce the frequency of bleeding episodes
3. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Hymravzi and for 2 months after the last dose

Prior - Approval *Renewal* Limits

Same as above