

Specialty Guideline Management

Vonvendi

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Vonvendi	von Willebrand factor [recombinant]

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

Vonvendi is indicated for use in adult and pediatric patients with von Willebrand disease (VWD) for:

- On-demand treatment and control of bleeding episodes.
- Perioperative management of bleeding.

Vondendi is indicated for use in adults with von Willebrand disease (VWD) for:

- Routine prophylaxis to reduce the frequency of bleeding episodes.

All other indications are considered experimental/investigational and not medically necessary.

Prescriber Specialties

Must be prescribed by or in consultation with a hematologist.

Coverage Criteria

Von Willebrand Disease¹⁻³

Authorization of 12 months may be granted for VWD when any of the following criteria is met:

- 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).
- Member has type 2B or type 3 VWD.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when the member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

Appendix

Clinical Reasons for Not Utilizing Desmopressin in Patients with Type 1, 2A, 2M and 2N VWD²⁻⁶

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

References

1. Vonvendi [package insert]. Lexington, MA: Baxalta US Inc.; September 2025.
2. National Hemophilia Foundation. MASAC Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Selected Disorders of the Coagulation System. Revised October 2024.

Reference number(s)
1951-A

MASAC Document #290. <https://www.bleeding.org/sites/default/files/document/files/MASAC-Products-Licensed.pdf>. Accessed October 16, 2025.

3. National Hemophilia Foundation. MASAC recommendations regarding the treatment of von Willebrand disease. Revised February 2021. MASAC Document #266. <https://www.hemophilia.org/sites/default/files/document/files/266.pdf>. Accessed October 16, 2025.
4. 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.
5. Stimate [package insert]. King of Prussia, PA: CSL Behring LLC; June 2021.
6. Leissinger C, Carcao M, Gill JC, et al. Desmopressin (DDAVP) in the management of patients with congenital bleeding disorders. *Haemophilia*. 2014;20:158-167.