

Specialty Guideline Management

RiaSTAP

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
RiaSTAP	fibrinogen concentrate [human]

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

RiaSTAP is indicated for the treatment of acute bleeding episodes in pediatric and adult patients with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.

Limitation of use

RiaSTAP is not indicated for dysfibrinogenemia.

Compendial Uses³⁻⁴

- Perioperative management of bleeding in afibrinogenemia
- Prophylaxis to reduce the frequency of bleeding episodes in afibrinogenemia

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

Documentation

Submission of the following information is necessary to initiate the prior authorization review: For prophylaxis to reduce the frequency of bleeding episodes in afibrinogenemia, justification from the medical records.

Coverage Criteria

Congenital Fibrinogen Deficiency¹⁻⁴

Authorization of 1 month may be granted for treatment of acute bleeding episodes in members with a diagnosis of congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.

Authorization of 1 month may be granted for perioperative management of bleeding in members with a diagnosis of afibrinogenemia.

Authorization of 12 months may be granted for prophylaxis to reduce the frequency of bleeding episodes in members with afibrinogenemia (with justification from the medical records).

Continuation of Therapy

Prophylaxis to Reduce the Frequency of Bleeding Episodes in Afibrinogenemia

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for prophylaxis to reduce the frequency of bleeding episodes in afibrinogenemia when the member is experiencing benefit from therapy (e.g., reduced frequency of bleeding episodes).

All Other Indications

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria section.

References

1. RiaSTAP [package insert]. Kankakee, IL: CSL Behring LLC; June 2021.

Reference number(s)
2983-A

2. National Hemophilia Foundation. MASAC Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Selected Disorders of the Coagulation System. Revised April 2024. MASAC Document #284. <https://www.bleeding.org/sites/default/files/document/files/MASAC-Products-Licensed.pdf>. Accessed October 15, 2024.
3. American Hospital Formulary Service Drug Information. American Society of Health-System Pharmacists. Bethesda, Maryland. Wolters Kluwer Clinical Drug Information, Inc., Last Updated October 2, 2024. URL: <https://online.lexi.com/lco/action/home>. Accessed October 15, 2024.
4. Kruez W, Meili E, Peter-Salonen K, et al. Efficacy and tolerability of a pasteurized human fibrinogen concentrate in patients with congenital fibrinogen deficiency. *Transfus Apher Sci.* 2005;32(3):247-253.