I. POLICY

RiaSTAP™ is approved by the U.S. Food and Drug Administration (FDA) for the following indication: treatment of acute bleeding episodes in patients with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.

RiaSTAP™ is not indicated for dysfibrinogenemia.

Human Fibrinogen Concentrate (RiaSTAP™) may be considered medically necessary for the treatment of acute bleeding episodes in patients with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia when the following criteria are met:

- Congenital fibrinogen deficiency has been confirmed by blood testing;
- Patient has responded poorly to cryoprecipitate for previous bleeding episodes.

Human Fibrinogen Concentrate (RiaSTAP™) is considered investigational for the treatment of dysfibrinogenemia and all other indications, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

II. PRODUCT VARIATIONS

[N] = No product variation, policy applies as stated
[Y] = Standard product coverage varies from application of this policy, see below
Footnotes:

1. FDA approved drugs used for indications other than what is indicated on the FDA approved product label may be covered under Medicare if it is determined that the use is medically accepted, taking into consideration the Medicare recognized national drug compendia, authoritative medical literature and/or accepted standards of medical practice.” Refer to Medicare Benefit Policy Manual (100-2, Chapter 15, Section 50.4.2 - Unlabeled Use of Drug).


2. In accordance with CMS letter issued on September 17, 2012, entitled “Prohibition on Imposing Mandatory Step Therapy for Access to Part B Drugs and Services”. LABA requirement does not apply to SeniorBlue Members

* The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity.

III. DESCRIPTION/BACKGROUND

People with congenital fibrinogen deficiency are unable to make sufficient amounts of fibrinogen, which plays an important role in blood coagulation by helping to form blood clots and prevent bleeding. Fibrinogen, also known as Factor I is manufactured in the liver and circulates in the blood plasma in a normal concentration of 250-400 mg/dL. In 2009, The U.S. Food and Drug Administration licensed RiaSTAP™, an orphan drug for the treatment of bleeding in patients with a rare genetic defect known as congenital fibrinogen deficiency. Fibrinogen deficiency affects only 150 to 300 people in the United States and is usually diagnosed at birth when newborns bleed from their umbilical cord site. Patients affected by congenital afibrinogenemia or severe hypofibrinogenemia may experience bleeding episodes varying from mild to severe.

RiaSTAP™ is an intravenous fibrinogen (coagulation factor I) concentrate made from the plasma of healthy human blood donors. The product is indicated for patients who have no fibrinogen or low levels of the substance, an abnormality known as afibrinogenemia, or for those patients whose fibrinogen levels are below 50 mg/dL, an abnormality known as hypofibrinogenemia. The product is not indicated for patients with dysfibrinogenemia,
who may have normal fibrinogen levels but defective fibrinogen function. Patients such as these are at risk for both bleeding and clotting complications. RiaSTAP™ is not indicated for dysfibrinogenemia.

RiaSTAP™ dosing, duration of dosing and frequency of administration should be individualized based on the extent of bleeding, laboratory values, and the clinical condition of the patient. Monitoring of the patient’s fibrinogen level is recommended during treatment with RiaSTAP™. A target fibrinogen level of 100 mg/dL should be maintained until hemostasis is obtained.

IV. RATIONALE

Approval of RiaSTAP in the US was based on a pivotal open-label uncontrolled Phase II pharmacokinetic and safety study. The one year study started in July 2007 and recruited 15 patients. It was completed in May 2008 with maximum clot firmness (MCF), a measure of structural integrity of a clot, as the primary endpoint. RiaSTAP was found effective in improving clot firmness.

The licensing of RiaSTAP was supported by a study of 15 patients with afibrinogenemia who achieved the target level of fibrinogen expected to prevent bleeding after they received 70 mg/kg of the drug. In addition, plasma from 14 of the 15 patients showed increased maximum clot firmness, a surrogate marker likely to predict clinical benefit. Fever and headache were the most common adverse reactions.

Clinical benefit will be further verified in a postmarketing study which will include both afibrinogenemic and hypofibrinogenemic patients.

Orphan drugs are drugs or biologics intended for use in a rare disease or condition. Manufacturers are qualified to receive certain government benefits in exchange for developing such products. RiaSTAP [Fibrinogen Concentrate (Human)] was developed under the FDA's accelerated approval regulations. The drug is manufactured by CSL Behring, Marburg, Germany.

V. DEFINITIONS

DYSFIBRINOGENEMIA- Any anomaly in the molecular architecture of fibrinogen. This condition may cause abnormal bleeding, abnormal blood clotting, or both.

HEMOSTASIS- is the termination of bleeding by mechanical or chemical means or by the coagulation process of the body.
VI. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member’s contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member’s individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member’s benefit information or contact Capital for benefit information.

VII. DISCLAIMER

Capital’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7178</td>
<td>Injection, human fibrinogen concentrate, 1 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Code*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>286.3</td>
<td>Congenital deficiency of other clotting factors</td>
</tr>
</tbody>
</table>

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses
The following ICD-10 diagnosis codes will be effective October 1, 2015:

<table>
<thead>
<tr>
<th>ICD-10-CM Diagnosis Code*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D68.2</td>
<td>Hereditary deficiency of other clotting factors</td>
</tr>
</tbody>
</table>

IX. REFERENCES


Taber’s Cyclopedic Medical Dictionary, 20th edition

## X. POLICY HISTORY

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP-2.145</td>
<td>CAC 3/30/10</td>
<td>New Policy.</td>
</tr>
<tr>
<td></td>
<td>CAC 4/26/11</td>
<td>Consensus</td>
</tr>
<tr>
<td></td>
<td>CAC 6/26/12</td>
<td>Consensus review; no changes, references updated.</td>
</tr>
<tr>
<td></td>
<td>7/18/13</td>
<td>Admin coding review complete - rsb</td>
</tr>
<tr>
<td></td>
<td>CAC 9/24/13</td>
<td>Consensus review. References updated but no changes to the policy statement.</td>
</tr>
<tr>
<td></td>
<td>CAC 7/22/14</td>
<td>Consensus review. References updated. No changes to the policy statements.</td>
</tr>
</tbody>
</table>

*Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.*