

Corifact (coagulation Factor XIII concentrate [human])
Effective 06/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Corifact (factor XIII concentrate [human]) is indicated in adult and pediatric patients with congenital Factor XIII deficiency for routine prophylactic treatment and peri-operative management of surgical bleeding.

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

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria is met:

1. Member has a diagnosis of Factor XIII deficiency.

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

Limitations

1. Initial and reauthorization approvals will be granted for 12 months.

References

1. Corifact (factor XIII concentrate [human]) [prescribing information]. Kankakee, IL: CSL Behring LLC; September 2020.
2. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised April 2022. MASAC Document #272.

https://www.hemophilia.org/sites/default/files/document/files/272_Treatment.pdf. Accessed September 26, 2022.

3. [Mumford AD](#), [Ackroyd S](#), [Alikhan R](#), et al. Guideline for the diagnosis and management of the rare coagulation disorders: a United Kingdom Haemophilia Centre Doctors' Organization guideline on behalf of the British Committee for Standards in Haematology. [Br J Haematol](#). 2014;167(3):304-26.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024.

05/14/2025 – Reviewed at May P&T. No changes. Effective 06/01/2025.

