Mass General Brigham
Health Plan

Factor IX
Rebinyn (coagulation factor IX [recombinant], glycoPEGylated)
Idelvion (coagulation factor IX [recombinant], albumin fusion protein)
Alprolix (coagulation factor IX [recombinant], Fc fusion protein)
Benefix, Ixinity, Rixubis (coagulation factor IX [recombinant])
Alphanine SD, Mononine (coagulation factor IX [human])
Effective 03/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	These medications have 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		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview

FDA-Approved Indication
1. Hemophilia B

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

Coverage Guidelines
Authorization may be granted for members new to the plan 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 Hemophilia B.
2. The requested medication is prescribed by or in consultation with a hematologist.

Continuation of Therapy
Reauthorization may be granted for continued treatment in members requesting reauthorization for any of the above indications when the member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

Limitations
1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Alprolix [package insert]. Waltham, MA: Bioverativ Therapeutics Inc.; October 2020.
2. BeneFIX [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals Inc.; September 2021.
3. Ixinity [package insert]. Seattle, WA: Aptevo BioTherapeutics LLC, February 2021.
4. Rixubis [package insert]. Lexington, MA: Baxalta US Inc.; June 2020.
5. AlphaNine SD [package insert]. Los Angeles, CA: Grifols Biologicals LLC; February 2021.
6. Mononine [package insert]. Kankakee, IL: CSL Behring LLC; December 2020.
7. Idelvion [package insert]. Kankakee, IL: CSL Behring LLC; July 2021.
8. Rebinyn [package insert]. DK-2880 Bagsvaerd, Denmark: Novo Nordisk A/S; June 2020.
9. Srivastava A, Santagostino E, Dougall A, et al. WFH Guidelines for the Management of Hemophilia, 3rd edition. *Haemophilia*. 2020;26 Suppl 6:1-158. doi:10.1111/hae.14046.
10. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised August 2020. MASAC Document #263. https://www.hemophilia.org/sites/default/files/document/files/263_treatment.pdf. Accessed December 7, 2021.

Review History

2/14/2024: Reviewed at Feb P&T, switched from SGM to Custom. Effective 03/01/2024