

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

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
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
	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 Dec P&T, switched from SGM to Custom. Effective ASAP

