

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

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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](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.

