

**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 (coagulation factor IX [human])**
**Effective 01/01/2026**

<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		
<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> Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**
**FDA-Approved Indication**

1. Hemophilia B

**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 are 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**

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. AlphaNine SD (coagulation factor IX [human]) [prescribing information]. Los Angeles, CA: Grifols Biologicals LLC; November 2022.
2. Alprolix (coagulation factor IX [recombinant]) [prescribing information]. Waltham, MA: Bioverativ Therapeutics Inc.; May 2023.

3. BeneFIX (coagulation factor IX [recombinant]) [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals Inc.; November 2022.
4. Idelvion (coagulation factor IX [recombinant], albumin fusion protein) [prescribing information]. Kankakee, IL: CSL Behring LLC; June 2023.
5. Ixinity (coagulation factor IX [recombinant]) [prescribing information]. Chicago, IL: Medexus Pharma, Inc; March 2024.
6. 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](https://www.hemophilia.org/sites/default/files/document/files/263_treatment.pdf). Accessed December 7, 2021.
7. Rebinyn (coagulation factor IX [recombinant], glycopegylated) [prescribing information]. DK-2880 Bagsvaerd, Denmark: Novo Nordisk A/S; August 2022.
8. Rixubis (coagulation factor IX [recombinant]) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals, Inc; March 2025.
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.

#### **Review History**

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

05/14/2025 – Reviewed at May P&T. Removed Mononine from policy due to product discontinuation. Effective 08/01/2025.

10/08/2025 – Reviewed and updated at October P&T. Updated policy to reflect it no longer applies to the medical benefit. Effective 01/01/2026.

