

## Factor IX Prior Authorization

<b>Drug(s) Applied:</b>	<b>BeneFIX</b> (factor IX human recombinant) <b>Profilnine</b> (factor IX complex, prothrombin complex concentrate no.4, 3-factor)
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### Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

#### I. Initial Therapy Criteria

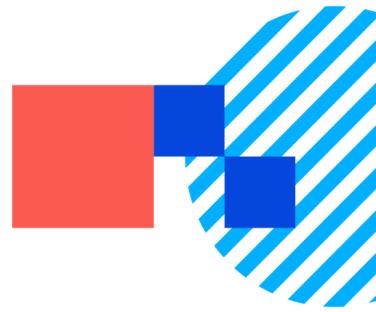
- A. **Hemophilia B (also known as Factor IX deficiency, Christmas disease) without inhibitors** as indicated by chart notes within past 90 days
  1. ONE of the following:
    - a) Patient is currently experiencing a bleed AND BOTH of the following:
      - (1) Patient is out of medication **and**
      - (2) Patient needs to receive a ONE TIME emergency supply of medication **or**
    - b) Requested agent is being used for ONE of the following:
      - (1) On-demand use for bleeds **or**
      - (2) Peri-operative management of bleeding **or**
      - (3) Prophylaxis **and**
  2. There is NO documentation indicating the patient will be using the requested agent in combination with another Factor IX agent **and**
  3. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology)

**Approval Duration:** 12 months

#### II. Continued Therapy Criteria

- A. **Hemophilia B (also known as Factor IX deficiency, Christmas disease) without inhibitors** as indicated by chart notes within past 12 months
  1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process (if current request is for a ONE TIME emergency use or the patient ONLY has previous approval(s) for emergency use, must use Initial Evaluation **and**)
  2. Requested agent is being used for ONE of the following:
    - a) On-demand use for bleeds **or**
    - b) Peri-operative management of bleeding **or**





- c) Prophylaxis **and**
- 3. There is NO documentation indicating the patient will be using the requested agent in combination with another Factor IX agent **and**
- 4. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology)

**Approval Duration:** 12 months

**Policy Owned by:** Curative PBM team

