



Factor IX Prior Authorization

Drug(s) Applied:	BeneFIX (factor IX human recombinant) Profilnine (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

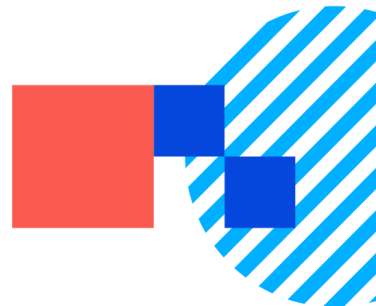
1. ONE of the following:
 - a) Patient is currently experiencing a bleed AND BOTH of the following:
 - (1) Patient is out of medication **and**
 - (2) Patient needs to receive a ONE TIME emergency supply of medication **or**
 - b) Requested agent is being used for ONE of the following:
 - (1) On-demand 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