Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Coagulation Factor IX (Recombinant) (Benefix, Rixubis, Ixinity)

Notes:

• Quantity Limits: No

Formulary **coagulation factor IX (recombinant) (Benefix, Rixubis)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Formulary **coagulation factor IX (recombinant)** (**Benefix, Rixubis)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Hematology/Oncology provider
- Patient has diagnosis of hemophilia B

Non-formulary **coagulation factor IX (recombinant) (lxinity)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

<u>Initiation (new start) criteria</u>: Non-formulary coagulation factor IX (recombinant) (Ixinity) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by Hematology/Oncology provider
- Patient has diagnosis of hemophilia B Patient is at least 18 years of age
- Documented intolerance to:
 - Benefix -AND- Rixubis

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