

# 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) (Ixinity)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria:** 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