

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

Coagulation Factor IX (Recombinant) Fc Fusion Protein (Alprolix) Albumin Fusion Protein (rIX-FP) (Idelvion)

Notes:

- Quantity Limits: No

Non-Formulary **coagulation factor IX (recombinant) Fc fusion protein (Alprolix) and coagulation factor IX (recombinant) albumin fusion protein (rIX-FP) (Idelvion)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **coagulation factor IX (recombinant) Fc fusion protein (Alprolix) and coagulation factor IX (recombinant) albumin fusion protein (rIX-FP) (Idelvion)** 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
- Documented intolerance or treatment failure to Benefix and Rixubis

Continued use criteria (12 months after initiation): Non-formulary **coagulation factor IX (recombinant) Fc fusion protein (Alprolix) and coagulation factor IX (recombinant) albumin fusion protein (rIX-FP) (Idelvion) (Brand)** will continue to be covered on the prescription drug benefit when the following criteria are met:

- Documentation of positive clinical response to Alprolix or Idelvion (e.g., decrease in at least 1 spontaneous bleed per month from baseline or improved pain scores resulting in improved quality of life).