CVS caremark

Reference number(s)
5654-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☑
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Factor IX Products

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Medical Benefit.

Plan Design Summary

This program applies to the Factor IX products specified in this document. Coverage for targeted product is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Factor IX Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

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	Products
Preferred	• Alprolix (coagulation factor IX [recombinant], Fc fusion protein) • Idelvion (coagulation factor IX [recombinant], albumin fusion protein) • Rebinyn (coagulation factor IX [recombinant], glycoPEGylated)
Target	• Benefix (coagulation factor IX [recombinant]) • Ixinity (coagulation factor IX [recombinant]) • Rixubis (coagulation factor IX [recombinant])

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

Coverage for a targeted product is provided when the member has a documented inadequate response or intolerable adverse event with all of the preferred products.

References

1. Alprolix [package insert]. Cambridge, MA: Biogen Idec Inc.; May 2023.
2. Benefix [package insert]. Philadelphia, PA: Wyeth Pharmaceutical LLC; November 2022.
3. Idelvion [package insert]. Kankakee, IL: CSL Behring LLC; June 2023.
4. Ixinity [package insert]. Seattle, WA: Aptevo BioTherapeutics LLC; February 2021.
5. Rixubis [package insert]. Lexington, MA. Baxalta US Inc.; March 2023.
6. Rebinyn [package insert]. DK-2880 Bagsvaerd, Denmark: Novo Nordisk A/S; August 2022.

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