

Reference number(s)
2987-A

SPECIALTY GUIDELINE MANAGEMENT

CORIFACT (coagulation Factor XIII concentrate [human])

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

Corifact is indicated in adults and pediatric patients with congenital factor XIII deficiency for routine prophylactic treatment and peri-operative management of surgical bleeding.

B. Compendial Uses

Acquired factor XIII deficiency

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Factor XIII Deficiency

Authorization of 12 months may be granted for treatment of factor XIII deficiency.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when the member is experiencing benefit from therapy (e.g., reduced frequency or severity of bleeds).

IV. REFERENCES

1. Corifact [package insert]. Kankakee, IL: CSL Behring LLC; December 2019.
2. National Hemophilia Foundation. MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders. Revised August 2020. MASAC Document #263. https://www.hemophilia.org/sites/default/files/document/files/263_treatment.pdf. Accessed November 20, 2020.
3. Mumford AD, Ackroyd S, Alikhan R, et al. Guideline for the diagnosis and management of the rare coagulation disorders: a United Kingdom Haemophilia Centre Doctors' Organization guideline on behalf of the British Committee for Standards in Haematology. *Br J Haematol*. 2014;167(3):304-26.
4. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed November 25, 2020.