

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	<u>Antihemophilic agents</u> : Advate, Adynovate, Afstyla, Alphanate and Alphanate/VWF Complex/Human, AlphaNine SD, Alprolix, Autoplex T, Bebulin and Bebulin VH, BeneFIX, Bioclote, Coagadex, Corifact, Elocate, Factor VIII SD (Human), Feiba, Feiba NF, and Feiba VH Immuno, Fibryga, Helixate and Helixate FS, Hemlibra, Hemofil M, Humate-P and Humate-P Human, Hyate:C, Idelvion, Ixinity, Kcentra, Koate, Koate-DVI, and Koate-HP, Kogenate, Kogenate FS, and Kogenate FS Bio-Set, Konyne 80, Kovaltry, Melate, Monarc-M, Monoclote-P, Mononine, Novoeight, NovoSeven and NovoSeven RT, Nuwiq, Obizur, Profilnine and Profilnine SD, Proplex T Factor IX Complex, Rebinyn, Recombinate, Refacto, RiaSTAP, Rixubis, Tretten, Vonvendi, Wilate, Xyntha and Xyntha Solofuse
BILLING CODE	N/A
BENEFIT TYPE	Carved out to FFS (fee-for-service) benefit
SITE OF SERVICE ALLOWED	N/A
COVERAGE REQUIREMENTS	Please see Indiana Fee-For-Service website

All antihemophilic agents are carved out from managed care benefits and are included in the Indiana Medicaid Fee-For-Service program. Requests for coverage of these products must be submitted directly to OptumRx for review.

DATE	ACTION/DESCRIPTION
12/15/2016	Policy issued.
05/01/2018	CareSource coverage removed—product is now carved out.

Effective date: 05/01/2018
 Revised date: 05/01/2018