PHARMACY POLICY STATEMENT
Ohio Medicaid

| BILLING CODE           | J7199 |
| BENEFIT TYPE           | Medical |
| SITE OF SERVICE ALLOWED| Office/Outpatient/Home |
| COVERAGE REQUIREMENTS  | Prior Authorization Required |
| QUANTITY LIMIT         | see package insert for each individual drug |
| LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY | Click Here |

All antihemophilic agents will only be considered for coverage under the medical benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

**HEMOPHILIA**

For initial authorization:
1. Member has diagnosis of Hemophilia A or Hemophilia B; AND
2. Member’s weight in kilograms, measured within the last 180 days, is documented on medication prior authorization request.
3. Dosage allowed: Per package insert of individual drug.

Notes: Documented diagnosis must be confirmed by portions of the individual’s medical record which need to be supplied with prior authorization request. These medical records may include, but are not limited to test reports, chart notes from provider’s office, or hospital admission notes. Refer to the product package insert for dosing, administration and safety guidelines.

*If member meets all the requirements listed above, the medication will be approved for 6 months.*

For reauthorization:
1. Member’s updated measurement of weight in kilograms is documented on medication prior authorization request; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.
If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

CareSource considers antihemophilic agents not medically necessary for the treatment of the diseases that are not listed in this document.

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<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>12/15/2016</td>
<td>Policy issued.</td>
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<tr>
<td>06/12/2018</td>
<td>Policy placed in a new format. Initial authorization length increased to 6 months.</td>
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References: