



PHARMACY POLICY STATEMENT Indiana Medicaid

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|-------------------------|---------------------------------------------|
| DRUG NAME | Antihemophilic Agents |
| 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 anti-hemophilic 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. |
| 06/12/2018 | Policy placed in a new format. Initial authorization length increased to 6 months. |
| 10/05/2018 | New drug Jivi added to the list of antihemophilic agents. |
| 08/06/2019 | New drug Esperoct added to the list of antihemophilic agents. |
| 06/01/2020 | CareSource coverage removed – products are now carved out. |

Effective date: 06/01/2020
Revised date: 06/01/2020