

Effective Date: 1/2020
Reviewed: 1/2020, 11/2020, 01/2021, 5/2021, 7/2022, 3/2023, 7/2023, 12/2023, 01/2024, 02/2024, 06/2024, 07/2024, 09/2024, 12/2024, 06/2025, 3/2026
Scope: Medicaid

Medicaid Medical Benefit Only Policy

PURPOSE: To identify medications that are only covered through the member’s medical benefit for administration in a clinician’s office, outpatient setting, or by the home infusion therapy provider. The medications listed below are covered on the Medical Benefit when medically necessary. Products may be Authorization Required.

Members and providers will receive a 60-day advance notification of the change in benefit coverage if the member has obtained the medication under the pharmacy benefit within the previous 180 days.

SCOPE: Medicaid

POLICY STATEMENT:

1. The following pharmaceutical products are available exclusively on the Medical Benefit:
 - a. Intravenous (IV) Infliximab Products
 - b. Hyaluronic Acid Products
 - c. Immune Globulin Agents (Intravenous and Subcutaneous)
 - d. Provider-administered contraceptives such as intrauterine devices (e.g., Mirena, Skyla, Kyleena, etc.) or subdermal implants (e.g. Nexplanon)
 - e. Krystexxa
 - f. Cinqair
 - g. Xiaflex
 - h. Long-Acting Granulocyte Colony Stimulating Factors: Fulphila, Fylnetra, Neulasta, Neulasta Onpro, Nyvepria, Rolvedon, Stimufend, Udenyca, Ziextenzo
 - i. Givlaari
 - j. Tysabri
 - k. Ocrevus
 - l. Naglazyme
 - m. Simponi Aria
 - n. Cimzia
 - o. Somatuline Depot
 - p. Rituxan (rituximab) and biosimilars (e.g., Truxima, Riabni, Ruxience)
 - q. Berinert
 - r. Trelstar
 - s. Hemophilia Products:
 - i. Factor Anti-Inhibitor Coagulant Complex: Feiba NF/VF
 - ii. Factor VIIa: Novoseven RT, Sevenfact
 - iii. Factor X: Coagadex
 - iv. Factor_XIII: Corifact
 - v. Factor_XIIIA-subunit: Tretten

References

1. NHPRI Formulary Management Policy and Procedure.