

Effective Date: 1/2020
Reviewed: 1/2020, 11/2020, 01/2021, 5/2021, 7/2022, 3/2023
Scope: 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. 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) or subdermal implants (e.g. Nexplanon)
  - e. Krystexxa
  - f. Cinqair
  - g. Xiaflex