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Scope: Medicaid, Commercial

## 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**
  - 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**

### References

1. NHPRI Formulary Management Policy and Procedure.