



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIHEMOPHILIA PRODUCTS PA SUMMARY**

Preferred	Non-Preferred
<i>Factor VIII Recombinant Products</i>	
Advate (factor VIII albumin-free recombinant, hamster murine) Helixate FS (factor VIII recombinant, hamster murine) Kogenate FS (factor VIII recombinant, hamster murine) Recombinate (factor VIII recombinant, bovine hamster murine) Xyntha (factor VIII albumin-free recombinant, hamster murine)	Eloctate (factor VIII recombinant, Fc fusion protein)
<i>Factor IX Recombinant Products</i>	
Alprolix (factor IX recombinant, Fc fusion protein) Benefix (factor IX, recombinant, hamster) Rixubis (factor IX, recombinant, hamster)	Ixinity (factor IX recombinant, hamster)

LENGTH OF AUTHORIZATION: 1 year

NOTE:

- ❖ Physicians administering medication in a clinic or office must bill the drug through the Medicaid physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program is located at www.mmis.georgia.gov and then log in to request a PA from Physician Services.

PA CRITERIA:

Eloctate

- ❖ Approvable for members with a diagnosis of hemophilia A (congenital factor VIII deficiency) who have allergy/hypersensitivity, contraindication, or intolerable side effect with one of the preferred factor VIII recombinant products that is not anticipated to occur with Eloctate or member must have had an inadequate response or developed inhibitors (antibodies) to one of the preferred factor VIII recombinant products.

Ixinity

- ❖ Approvable for members with a diagnosis of hemophilia B (congenital factor IX deficiency) who have allergy/hypersensitivity, contraindication, or intolerable side effect with one of the preferred factor IX recombinant products that is not anticipated to occur with Ixinity or member must have had an inadequate response or developed inhibitors (antibodies) to one of the preferred factor IX recombinant products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.