Oklahoma

Medicaid Fee-For-Service Provider Resource

A resource providing summary Medicaid Fee-For-Service coverage information and important Medicaid website links for Hemophilia Agents.

Medicaid Fee-For-Service Coverage:			
What type of management policy does the Medicaid program use in	PDL Managed; See Recipient Type Affected by		
managing coverage for Hemophilia Agents?	PDL		
Are Hemophilia agents managed on the Medicaid Preferred Drug	Yes, see list of Preferred and Non-Preferred		
List (PDL)? (Yes/No)	agents below. Or, see PDL link below.		
Type of Prior Authorization required:	Prior Authorization Required for Non-Preferred		
Type of Frior AdditionZadionTequired.	Agents		
Summary of Prior Authorization requirements:	Trial of Advate required for Hemophilia A patients		
	before non-preferred product will be approved.		
	Trial of Benefix for Hemophilia B patients before		
Summary of thor Authorization requirements.	non-preferred product will be approved. Trial of		
	Feiba or NovoSeven required prior to use of		
	Obizur.		
Hyperlink to Hemophilia Agent Prior Authorization			
Requirement(s)/Forms:	Link to hemophilia prior authorization criteria		
(If applicable)			
Hyperlink to Medicaid Preferred Drug List:	<u>OK PDL</u>	PDL Vendor: Change Healthcare	
Type of Medicaid recipient with hemophilia affected by PDL when hemophilia agents are managed on the PDL:	Medicaid Fee-For-Service		
Hemophilia agents are managed off the FDL.			

Standards of Care:	
Does the Medicaid program have a comprehensive hemophilia management program? (Yes/No)	No
Type of comprehensive hemophilia management program (If applicable):	N/A
URL to comprehensive hemophilia management program (If applicable):	N/A

Medicaid PDL Coverage Status: Hemophilia Agents (If Applicable)							
Product	Status	Product	Status	Product	Status		
Advate	Preferred	Feiba	Preferred	Novoeight	Non-Preferred		
Adynovate	Non-Preferred	Hemlibra	Preferred	Novoseven	Preferred		
Afstyla	Non-Preferred	Hemofil M	Non-Preferred	Nuwiq	Non-Preferred		
Alphanate	Non-Preferred	Humate-P	Non-Preferred	Obizur	Non-Preferred		
Alphanine	Non-Preferred	Idelvion	Non-Preferred	Profilnine	Non-Preferred		
Alprolix	Non-Preferred	Ixinity		Rebinyn	Non-Preferred		
Benefix	Preferred	Jivi	Non-Preferred	Recombinate	Non-Preferred		
Coagadex	Preferred	Koate	Non-Preferred	Rixubis	Non-Preferred		
Corifact	Preferred	Kogenate	Non-Preferred	Tretten	Preferred		
Eloctate	Non-Preferred	Kovaltry	Non-Preferred	Vonvendi	Non-Preferred		
Esperoct		Mononine	Non-Preferred	Wilate	Non-Preferred		
				Xyntha	Non-Preferred		