



Factor VIII and von Willebrand Factor Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date

03-15-2026

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Xyntha ; Xyntha solofuse	antihemophil fact rcmb (bdd-rfviii,mor) for inj kit ; antihemophil fact rcmb(bdd-rfviii,mor) for inj kit	1000 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT	M ; N ; O ; Y	N		
Nuwiq	antihemophil fact rcmb (bdd-rfviii,sim) for inj kit ; antihemophil fact rcmb(bdd-rfviii,sim) for inj kit ; antihemophilic fact rcmb (bdd-rfviii,sim) for inj ; antihemophilic factor rcmb (bdd-rfviii,sim) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 2500 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	M ; N ; O ; Y	N		
Jivi	antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj ; antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj	1000 UNIT ; 2000 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	M ; N ; O ; Y	N		
Novoeight	antihemophilic fact rcmb (bd trunc-rfviii) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT	M ; N ; O ; Y	N		
Altuviio	antihemophilic fact rcmb fc-vwf-xten-ehrl for inj	1000 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT ; 750 UNIT	M ; N ; O ; Y	N		
Afstyla	antihemophilic fact rcmb single chain for inj kit	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 2500 UNIT ; 3000 UNIT ; 500 UNIT	M ; N ; O ; Y	N		
Hemofil m ; Koate ; Koate-dvi	antihemophilic factor (human) for inj	1000 UNIT ; 1700 UNIT ; 250 UNIT ; 500 UNIT	M ; N ; O ; Y	N		
Eloctate	antihemophilic factor rcmb (bdd-rfviiiifc) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ;	M ; N ; O ; Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
		500 UNIT ; 5000 UNIT ; 6000 UNIT ; 750 UNIT				
Advate ; Kovaltry	antihemophilic factor recomb (rahf-pfm) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	M ; N ; O ; Y	N		
Kogenate fs ; Recombinate	antihemophilic factor recomb (rfviii) for inj ; antihemophilic factor recomb (rfviii) for inj kit	1000 UNIT ; 1241 -1800 UNIT ; 1801 -2400 UNIT ; 2000 UNIT ; 220 -400 UNIT ; 250 UNIT ; 3000 UNIT ; 401 -800 UNIT ; 500 UNIT ; 801 -1240 UNIT	M ; N ; O ; Y	N		
Esperoct	antihemophilic factor recomb glycopeg-exei for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	M ; N ; O ; Y	N		
Adynovate	antihemophilic factor recomb pegylated for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT ; 750 UNIT	M ; N ; O ; Y	N		
Alphanate ; Humate-p	antihemophilic factor/vwf (human) for inj	1000 UNIT ; 1000-2400 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 250-600 UNIT ; 500 UNIT ; 500-1200 UNIT	M ; N ; O ; Y	N		
Wilate	antihemophilic factor/vwf (human) for inj	1000-1000 UNIT ; 500-500 UNIT	M ; N ; O ; Y	N		
Vonvendi	von willebrand factor (recombinant) for inj	1300 UNIT ; 650 UNIT	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
8510001025	Advate ; Kovaltry	antihemophilic factor recomb (rahf-pfm) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT	Dependent on patient weight and number of doses			

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
			UNIT ; 4000 UNIT ; 500 UNIT				
851000104021	Adynovate	antihemophilic factor recomb pegylated for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT ; 750 UNIT	Dependent on patient weight and number of doses		02-17-2022	
851000105564	Afstyla	antihemophilic fact rcmb single chain for inj kit	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 2500 UNIT ; 3000 UNIT ; 500 UNIT	Dependent on patient weight and number of doses			
851000151021	Alphanate ; Humate-p	antihemophilic factor/vwf (human) for inj	1000 UNIT ; 1000-2400 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 250-600 UNIT ; 500 UNIT ; 500-1200 UNIT	Dependent on patient weight and number of doses		04-01-2023	
851000103121	Altuviiio	antihemophilic fact rcmb fc-vwf-xten-ehtl for inj	1000 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT ; 750 UNIT	Dependent on patient weight and number of doses		04-03-2023	
851000103021	Eloctate	antihemophilic factor rcmb (bdd-rfviiiifc) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250	Dependent on patient weight and number of doses			

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
			UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT ; 5000 UNIT ; 6000 UNIT ; 750 UNIT				
851000103521	Esperoct	antihemophilic factor recomb glycopeg-exei for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Dependent on patient weight and number of doses			
8510001000	Hemofil m ; Koate ; Koate-dvi	antihemophilic factor (human) for inj	1000 UNIT ; 1700 UNIT ; 250 UNIT ; 500 UNIT	Dependent on patient weight and number of doses			
851000104121	Jivi	antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj ; antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj	1000 UNIT ; 2000 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Dependent on patient weight and number of doses			
8510001020	Kogenate fs ; Recombinate	antihemophilic factor recomb (rfviii) for inj ; antihemophilic factor recomb (rfviii) for inj kit	1000 UNIT ; 1241 - 1800 UNIT ; 1801 - 2400 UNIT ; 2000 UNIT ; 220 - 400 UNIT ; 250 UNIT ; 3000 UNIT ; 401 - 800 UNIT ; 500 UNIT ; 801 - 1240 UNIT	Dependent on patient weight and number of doses			
8510001033	Novoeight	antihemophilic fact rcmb (bd trunc-rfviii) for inj	1000 UNIT ; 1500 UNIT ;	Dependent on patient weight and number of doses			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Adynovate	antihemophilic factor recomb pegylated for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT ; 750 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Afstyla	antihemophilic fact rcmb single chain for inj kit	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 2500 UNIT ; 3000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Alphanate ; Humate-p	antihemophilic factor/vwf (human) for inj	1000 UNIT ; 1000-2400 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 250-600 UNIT ; 500 UNIT ; 500-1200 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Altuviiiio	antihemophilic fact rcmb fc-vwf-xtenthl for inj	1000 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT ; 750 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Eloctate	antihemophilic factor rcmb (bdd-rfviiifc) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT ; 5000 UNIT ; 6000 UNIT ; 750 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Esperoct	antihemophilic factor recomb glycopeg-exei for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Hemofil m ; Koate ; Koate-dvi	antihemophilic factor (human) for inj	1000 UNIT ; 1700 UNIT ; 250 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Jivi	antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj ; antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj	1000 UNIT ; 2000 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Kogenate fs ; Recombinate	antihemophilic factor recomb (rfviii) for inj ; antihemophilic factor recomb (rfviii) for inj kit	1000 UNIT ; 1241 -1800 UNIT ; 1801 -2400 UNIT ; 2000 UNIT ; 220 -400 UNIT ; 250 UNIT ; 3000 UNIT ; 401 -800 UNIT ; 500 UNIT ; 801 -1240 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Novoeight	antihemophilic fact rcmb (bd trunc-rfviii) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Nuwiq	antihemophilic factor rcmb (bdd-rfviii,sim) for inj kit ; antihemophilic factor rcmb(bdd-rfviii,sim) for inj kit ; antihemophilic factor rcmb (bdd-rfviii,sim) for inj ; antihemophilic factor rcmb (bdd-rfviii,sim) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 2500 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Vonvendi	von willebrand factor (recombinant) for inj	1300 UNIT ; 650 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Wilate	antihemophilic factor/vwf (human) for inj	1000-1000 UNIT ; 500-500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Xyntha ; Xyntha solofuse	antihemophil fact rcmb (bdd-rfviii,mor) for inj kit ; antihemophil fact rcmb(bdd-rfviii,mor) for inj kit	1000 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Advate ; Kovaltry	antihemophilic factor recomb (rahf-pfm) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Adynovate	antihemophilic factor recomb pegylated for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT ; 750 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Afstyla	antihemophilic fact rcmb single chain for inj kit	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ;	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
		2500 UNIT ; 3000 UNIT ; 500 UNIT	Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Alphanate ; Humate-p	antihemophilic factor/vwf (human) for inj	1000 UNIT ; 1000-2400 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 250-600 UNIT ; 500 UNIT ; 500-1200 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Altuviiiio	antihemophilic fact rcmb fc-vwf-xtenthl for inj	1000 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT ; 750 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Eloctate	antihemophilic factor rcmb (bdd-rfviiiic) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT ; 5000 UNIT ; 6000 UNIT ; 750 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Esperoct	antihemophilic factor recomb glycopeg-exei for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Hemofil m ; Koate ; Koate-dvi	antihemophilic factor (human) for inj	1000 UNIT ; 1700 UNIT ; 250 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Jivi	antihemophil fact rcmb(bdd-rfviii peg-aucI) for inj ; antihemophil fact rcmb(bdd-rfviii peg-aucI)for inj	1000 UNIT ; 2000 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Kogenate fs ; Recombinate	antihemophilic factor recomb (rfviii) for inj ; antihemophilic factor recomb (rfviii) for inj kit	1000 UNIT ; 1241 -1800 UNIT ; 1801 -2400 UNIT ; 2000 UNIT ; 220 -400 UNIT ; 250 UNIT ; 3000 UNIT ; 401 -800 UNIT ; 500 UNIT ; 801 -1240 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Novoeight	antihemophilic fact rcmb (bd trunc-rfviii) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Nuwiq	antihemophil fact rcmb (bdd-rfviii,sim) for inj kit ; antihemophil fact rcmb(bdd-rfviii,sim) for inj kit ; antihemophilic fact rcmb (bdd-rfviii,sim) for inj ; antihemophilic factor rcmb (bdd-rfviii,sim) for inj	1000 UNIT ; 1500 UNIT ; 2000 UNIT ; 250 UNIT ; 2500 UNIT ; 3000 UNIT ; 4000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Vonvendi	von willebrand factor (recombinant) for inj	1300 UNIT ; 650 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Wilate	antihemophilic factor/vwf (human) for inj	1000-1000 UNIT ; 500-500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Xyntha ; Xyntha solofuse	antihemophil fact rcmb (bdd-rfviii,mor) for inj kit ; antihemophil fact rcmb(bdd-rfviii,mor) for inj kit	1000 UNIT ; 2000 UNIT ; 250 UNIT ; 3000 UNIT ; 500 UNIT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval		
	<p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The requested agent is eligible for continuation of therapy AND the following: <table border="1" data-bbox="235 449 1229 527"> <thead> <tr> <th data-bbox="235 449 1229 485">Agents Eligible for Continuation of Therapy</th> </tr> </thead> <tbody> <tr> <td data-bbox="235 485 1229 527">All target agents are eligible for continuation of therapy</td> </tr> </tbody> </table> <ol style="list-style-type: none"> 1. The prescriber states the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days AND is at risk if therapy is changed OR <ol style="list-style-type: none"> B. BOTH of the following: <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The patient has a diagnosis of hemophilia A (also known as Factor VIII deficiency or classic hemophilia) AND ONE of the following: <ol style="list-style-type: none"> 1. The patient is currently experiencing a bleed AND BOTH of the following: <ol style="list-style-type: none"> A. The patient is out of medication AND B. The patient needs to receive a one-time emergency supply of medication OR 2. ALL of the following: <ol style="list-style-type: none"> A. The requested agent is FDA labeled or compendia supported for a diagnosis of hemophilia A AND B. The requested agent is being used for ONE of the following: <ol style="list-style-type: none"> 1. Prophylaxis AND the patient will NOT be using the requested agent in combination with Hemlibra (emicizumab-kxwh) OR 2. As a component of Immune Tolerance Therapy (ITT)/Immune Tolerance Induction (ITI) AND BOTH of the following: <ol style="list-style-type: none"> A. The patient will NOT be using the requested agent in combination with Hemlibra (emicizumab-kxwh) AND B. ONE of the following: (medical records required) <ol style="list-style-type: none"> 1. The patient has NOT had more than 33 months of ITT/ITI therapy OR 2. There is support for the continued use of ITT/ITI therapy (i.e., the patient has had a greater than or equal to 20% decrease in inhibitor level over the last 6 months and needs further treatment to eradicate inhibitors) OR 3. On-demand use for bleeds OR 4. Peri-operative management of bleeding AND B. The patient has a diagnosis of von Willebrand disease (VWD) AND ALL of the following: <ol style="list-style-type: none"> 1. The requested agent is FDA labeled or compendia supported for a diagnosis of von Willebrand disease AND 	Agents Eligible for Continuation of Therapy	All target agents are eligible for continuation of therapy
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	<ul style="list-style-type: none"> 2. ONE of the following: <ul style="list-style-type: none"> A. The patient is currently experiencing a bleed AND BOTH of the following: <ul style="list-style-type: none"> 1. The patient is out of medication AND 2. The patient needs to receive a one-time emergency supply of medication OR B. The patient has type 1, 2A, 2M or 2N VWD AND ONE of the following: <ul style="list-style-type: none"> 1. The patient has tried and had an inadequate response to desmopressin (e.g., DDAVP injection) OR 2. The patient did not respond to a DDAVP trial with 1 and 4 hour post infusion bloodwork OR 3. The patient has an intolerance or hypersensitivity to desmopressin OR 4. The patient has an FDA labeled contraindication to desmopressin OR 5. There is support showing why the patient cannot use desmopressin (e.g., shortage in marketplace) OR C. The patient has type 2B or 3 VWD AND 3. The requested agent will be used for ONE of the following: <ul style="list-style-type: none"> A. Prophylaxis AND ONE of the following: <ul style="list-style-type: none"> 1. The requested agent is Vonvendi AND ONE of the following: <ul style="list-style-type: none"> A. The patient has severe Type 3 VWD OR B. The patient has another subtype of VWD AND the subtype is FDA labeled for prophylaxis use OR 2. The requested agent is NOT Vonvendi OR B. On-demand use for bleeds OR C. Peri-operative management of bleeding AND 2. If the patient has an FDA labeled indication, then ONE of the following: <ul style="list-style-type: none"> A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication AND 2. The prescriber is a specialist in the area of the patient's diagnosis (e.g., prescriber working in a hemophilia treatment center [HTC], hematologist with hemophilia experience), or the prescriber has consulted with a specialist in the area of the patient's diagnosis AND 3. The patient does NOT have any FDA labeled contraindications to the requested agent AND 4. The prescriber must provide the actual prescribed dose with ALL of the following: <ul style="list-style-type: none"> A. Patient's weight AND B. Intended use/regimen: (e.g., prophylaxis, ITT/ITI, on-demand, peri-operative) AND C. If the patient has a diagnosis of hemophilia A, then BOTH of the following: <ul style="list-style-type: none"> 1. Severity of the factor deficiency (i.e., severe is less than 1% factor activity, moderate is greater than or equal to 1 to less than or equal to 5% factor activity, mild is greater than 5 to 40% factor activity) AND 2. Inhibitor status AND 5. ONE of the following: <ul style="list-style-type: none"> A. The patient will NOT be using the requested agent with another agent in combination within the same category (e.g., Factor VIII agents, Factor VIII and von Willebrand Factor combination agents) included in this program OR B. There is support for the use of more than one unique agent in the same category (medical records required)

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	<p>Compendia Allowed: AHFS, or DrugDex 1, 2a, or 2b level of evidence</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>BCBSIL, BCBSMT, and BCBSTX: 12 months</p> <p>ALL other plans:</p> <ul style="list-style-type: none"> • One time emergency use: 6 months • Peri-operative dosing: 6 months • On-demand: 6 months • Prophylaxis: 12 months • ITT/ITI: 6 months - or up to a total of 33 months ITT/ITI therapy, or requested duration, whichever is shortest (no less than 3 months for NM) <p>NOTE: If Quantity Limit applies, please see Quantity Limit criteria</p> <p>The requested agent will also be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The request is for a BCBS MT Fully Insured or MT HIM member AND <ol style="list-style-type: none"> A. The patient is under the age of 18 years old AND B. The patient does NOT have any FDA labeled contraindications to the requested agent AND C. The patient has an indication that is supported in TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] AND D. There is support for an age in the patient's given age bracket in TWO articles from major peer-reviewed professional medical journals as generally safe and effective. The age brackets are: 1. infancy (birth up to, but not including, 2 years of age), 2. childhood (2 years of age through 11 years of age), 3. adolescence (12 years of age through 17 years of age). Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] OR 2. The request is for a BCBS NM Fully Insured or NM HIM member and ALL of the following: <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. The requested indication is a rare disease AND C. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. ALL of the following: <ol style="list-style-type: none"> A. The member resides in Ohio AND B. The plan is Fully Insured or HIM Shop (SG) AND C. The patient does NOT have any FDA labeled contraindications to the requested agent AND D. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR

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	<p data-bbox="469 180 1398 384">3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required]</p> <p data-bbox="232 422 1393 478">Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p data-bbox="232 516 1380 600">Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p data-bbox="232 638 498 667">Length of Approval:</p> <p data-bbox="232 705 440 730">BCBSOK: 36 months</p> <p data-bbox="232 768 566 795">ALL other plans: 12 months</p> <p data-bbox="232 833 1073 863">NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p> <p data-bbox="267 966 532 993">Renewal Evaluation</p> <p data-bbox="267 1031 1117 1060">Target Agent(s) will be approved when ALL of the following are met:</p> <ol data-bbox="280 1098 1414 1965" style="list-style-type: none"> <li data-bbox="280 1098 1354 1213">1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process (if current request is for ONE TIME emergency use or if patient ONLY has previous approval(s) for emergency use, must use Initial Evaluation) AND <li data-bbox="280 1215 1414 1331">2. If the patient is using the requested agent for prophylaxis, then ONE of the following: <ol style="list-style-type: none"> <li data-bbox="375 1243 1414 1302">A. The patient has a diagnosis of hemophilia A AND the patient will NOT be using the requested agent in combination with Hemlibra (emicizumab-kxwh) OR <li data-bbox="375 1304 899 1331">B. The patient has another diagnosis AND <li data-bbox="280 1333 1390 1444">3. The prescriber is a specialist in the area of the patient's diagnosis (e.g., prescriber working in a hemophilia treatment center [HTC], hematologist with hemophilia experience), or the prescriber has consulted with a specialist in the area of the patient's diagnosis AND <li data-bbox="280 1446 1354 1503">4. The patient does NOT have any FDA labeled contraindications to the requested agent AND <li data-bbox="280 1505 1377 1761">5. The prescriber must provide the actual prescribed dose with ALL of the following: <ol style="list-style-type: none"> <li data-bbox="375 1533 683 1560">A. Patient's weight AND <li data-bbox="375 1562 1377 1619">B. Intended use/regimen: (e.g., prophylaxis, ITT/ITI, on-demand, peri-operative) AND <li data-bbox="375 1621 1377 1761">C. If the patient has a diagnosis of hemophilia A, then BOTH of the following: <ol style="list-style-type: none"> <li data-bbox="472 1648 1377 1736">1. Severity of the factor deficiency (i.e., severe is less than 1% factor activity, moderate is greater than or equal to 1 to less than or equal to 5% factor activity, mild is greater than 5 to 40% factor activity) AND <li data-bbox="472 1738 773 1761">2. Inhibitor status AND <li data-bbox="280 1764 1370 1936">6. ONE of the following: <ol style="list-style-type: none"> <li data-bbox="375 1791 1370 1879">A. The prescriber communicated with the patient regarding the frequency and severity of the patient's bleeds and has verified that the patient does not have greater than 5 on-demand doses on hand OR <li data-bbox="375 1881 1370 1936">B. There is support for the patient having more than 5 on-demand doses on hand AND <li data-bbox="280 1938 583 1965">7. ONE of the following:

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	<p>A. The patient will NOT be using the requested agent in combination with another agent in this program within the same category (e.g., Factor VIII agents, Factor VIII and von Willebrand Factor combination agents) included in this program OR</p> <p>B. There is support for the use of more than one unique agent in the same category (medical records required) AND</p> <p>8. If the patient is using Immune Tolerance Therapy (ITT)/Immune Tolerance Induction (ITI), then BOTH of the following:</p> <p>A. The patient will NOT be using the requested agent in combination with Hemlibra (emicizumab-kxwh) AND</p> <p>B. ONE of the following: (medical records required)</p> <ol style="list-style-type: none"> 1. The patient has NOT had more than 33 months of ITT/ITI therapy OR 2. There is support for the continued use of ITT/ITI therapy (i.e., the patient has had a greater than or equal to 20% decrease in inhibitor level over the last 6 months and needs further treatment to eradicate inhibitors) <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>BCBSIL, BCBSMT, and BCBSTX: 12 months</p> <p>ALL other plans:</p> <p style="padding-left: 40px;">Peri-operative dosing: 6 months</p> <p style="padding-left: 40px;">On-demand: 6 months</p> <p style="padding-left: 40px;">Prophylaxis: 12 months</p> <p style="padding-left: 40px;">ITT/ITI: 6 months, or up to a total of 33 months of ITT/ITI therapy, or requested duration, whichever is shortest (no less than 3 months for NM)</p> <p>NOTE: If Quantity Limit applies, please see Quantity Limit criteria</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

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	<p>Quantity Limit for the Targeted Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit defined by BOTH of the following: <ol style="list-style-type: none"> A. The requested dose is within the FDA labeling AND B. The requested quantity (number of doses) is appropriate based on intended use (e.g., prophylaxis, ITT/ITI, on-demand, peri-operative) OR 2. There is support for exceeding the defined program quantity limit (dose and/or number of doses) (medical records required) <p>Length of Approval:</p> <p>Initial one-time emergency use: 6 months</p> <p>Prophylaxis: 12 months</p> <p>Peri-operative dosing: 6 months</p> <p>On-demand: 6 months</p> <p>Both initial and renewal: ITT/ITI: 6 months, or up to a total of 33 months of ITT/ITI therapy; or for requested duration, whichever is shortest</p>

