

Blood Factor Products

Coverage Criteria:

Prior authorization is required from HealthPartners Pharmacy Administration for all blood factor products.

Blood factor products require the following information for approval:

- 1. Documentation to confirm product is prescribed for an FDA approved indication; and,
- 2. Documentation of the pharmacy name that will be used for dispensing blood factor product.

Coverage Duration:

Initial and reauthorizations will be for 12 months.

P&T Date: 10/7/19 Effective Date: 1/1/2020