



Department of Health

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Medicaid Practitioner Administered Drugs Update

Effective January 18th 2024, the coverage criteria for elivaldogene autotemcel (Skysona®) and etranacogene dezaparovec-drlb (Hemgenix®) are as follows:

Elivaldogene autotemcel (Skysona®)

- The patient is a candidate for HSCT, but ineligible due to the absence of a donor.
- The patient does not have HIV or HTLV.
- The patient is not utilizing anti-retroviral drugs at least one (1) month prior to initiating medications for stem cell mobilization and until all cycles of apheresis are completed.

HIV=human immunodeficiency virus, HSCT=hematopoietic stem cell transplantation, HTLV=human T-lymphotropic virus

Etranacogene dezaparovec-drlb (Hemgenix®)

- Confirmation of moderately severe to severe, congenital hemophilia B.
- The patient does not have a history of Factor IX inhibitors.
- The patient does not have a positive Factor IX inhibitor test.

Practitioner Administered Drug (PAD) Clinical Criteria Worksheets are available on the NYS DOH [“New York State Medicaid -Fee- for- Service Practitioner Administered Drug Policies and Billing Guidance”](#) web page.

For more information regarding the development of the coverage criteria above, please refer to the https://www.health.ny.gov/health_care/medicaid/program/dur/meetings/2023/ information.

Fee- for-Service (FFS) Billing:

Coverage for the aforementioned drugs will be provided through the medical benefit. Drugs listed in the [Physician Manual Fee Schedule](#) with a notation of BR (By Report) under the “Maximum Fee” column, must use the New York State eMedNY-150003 claim form (via paper) with a copy of the itemized invoice, that **must be dated within six months prior to the date of service and/or should include the expiration date of the drug**. Additional information can be found in the [New York State Medicaid General Billing Guidelines Document](#).

Medicaid Managed Care (MMC):

Individual MMC plans should be contacted for their specific reimbursement and billing guidance. Plan information can be found by visiting the [New York State Medicaid Provider Manuals Information For All Providers](#) website and navigating to **“Managed Care Information.”**

Questions and Additional Information:

- FFS billing and claim questions should be directed to the eMedNY Call Center at 800 343-9000.
- FFS pharmacy and PAD coverage policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov.
- Additional information on the DUR Board is available on the [NYS Department of Health \(DOH\) "Drug Utilization Review \(DUR\)" web page](#).

Additional information is available at the following webpages:

- [NYS DOH "Welcome to NYRx, the Medicaid Pharmacy Program" web page](#)
- [Magellan Inc. NYRx, the Medicaid Pharmacy Program website](#)
- [NYS DOH website](#)
- [eMedNY website](#)