**Medications Covered under the Pharmacy Benefit Only**

**PURPOSE: To identify medications that are only covered through the member’s pharmacy benefit. The medications listed below will be covered with prior authorization when clinical criteria is met**   
**under the pharmacy benefit.**

**Members and providers will receive a 60-day advance notification of the change in benefit coverage if the member has obtained the medication under the medical benefit within the previous 180 days.**

**SCOPE: Commercial**

**POLICY STATEMENT:**

**1. The following pharmaceutical products are covered and available exclusively on the Pharmacy   
Benefit:**

**a. Hemlibra (emicizumab)**

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