

| Market Applicability/Effective Date |          |        |        |    |     |    |    |    |    |    |    |    |    |    |    |
|-------------------------------------|----------|--------|--------|----|-----|----|----|----|----|----|----|----|----|----|----|
| Market                              | FL & FHK | FL MMA | FL LTC | GA | IND | KS | KY | LA | MD | NJ | NV | NY | TN | TX | WA |
| Applicable                          | X        | NA     | NA     | X  | X   | NA | X  | X  | X  | X  | X  | X  | NA | NA | X  |

\*FHK- Florida Healthy Kids

| Medication                                      | Comments |
|---|----------|
| Stimate (desmopressin acetate) intranasal spray | N/A      |

**VERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

1 year

**APPROVAL CRITERIA**

Requests for Stimate (desmopressin acetate) intranasal spray may be approved for individuals who meet the following criteria:

- I. Individual has been diagnosed with hemophilia A with Factor VIII levels greater than 5%; **OR**
- II. Individual has been diagnosed with mild to moderate classic von Willebrand’s disease (type 1) with Factor VIII levels greater than 5%.

Requests for Stimate (desmopressin acetate) nasal spray may not be approved for the following:

- I. Individual has been diagnosed with hemophilia A with Factor VIII coagulant activity levels **equal to or less** than 5%; **OR**
- II. Individual has been diagnosed with hemophilia B; **OR**
- III. Individual has Factor VIII antibodies; **OR**
- IV. Individual has been diagnosed with severe classic von Willebrand’s disease (type I); **OR**
- V. Individual has evidence of abnormal molecular form of Factor VIII antigen; **OR**
- VI. Individual has been diagnosed with Type IIB von Willebrand’s disease.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.