

PROVIDER QUICK POINTS

PROVIDER INFORMATION



August 12, 2020

Commercial Pharmacy Benefit Exclusion for Aralast[®] NP, Eylea[®], Glassia[®], Lucentis[®], Prolastin[®]-C, and Uplizna[™]

Effective **October 1, 2020**, the drugs listed in the table below will be excluded from pharmacy benefit coverage due to clinician-administered route of administration and may be available for medical benefit coverage for subscribers who are eligible.

Drug Name
Aralast [®] NP (alpha1 proteinase inhibitor) intravenous solution
Eylea [®] (aflibercept) intravitreal solution
Glassia [®] (alpha1 proteinase inhibitor) intravenous solution
Lucentis [®] (ranibizumab) intravitreal solution
Prolastin [®] -C (alpha1 proteinase inhibitor) intravenous solution
Uplizna [™] (inebilizumab-cdon) intravenous solution

Products Impacted

This applies to commercial line of business.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.