

PROVIDER QUICK POINTS

PROVIDER INFORMATION



April 14, 2021

Commercial Pharmacy Benefit Exclusion for Select Medications

Effective April 14, 2021, 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
Amondys 45 TM (casimersen) intravenous solution
Breyanzi [®] (lisocabtagene maraleucel) suspension for intravenous infusion
Evkeeza TM (evinacumab-dgnb) intravenous solution
Olinvyk TM (oliceridine fumarate) intravenous solution
Xaracoll [®] (bupivacaine hydrochloride) implant

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**.