

PROVIDER QUICK POINTS

PROVIDER INFORMATION



January 13, 2021

Commercial and MHCP Pharmacy Benefit Exclusion for Barhemsys® and Monoferric®

Effective January 13, 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
Barhemsys® (amisulpride) intravenous solution
Monoferric® (ferric derisomaltose) intravenous solution

Products Impacted

This applies to commercial lines of business and the following Minnesota Health Care Programs:

- Families and Children [*formerly known as* Prepaid Medical Assistance Program (PMAP)]
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)

Questions?

If you have questions for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. Please contact provider services at **(651) 662-5200** or **1-800-262-0820** for all other questions.