PROVIDER OUICK POINTS PROVIDER INFORMATION



July 8, 2020

MHCP Pharmacy Benefit Exclusion for Durysta[™] and Fensolvi[®]

Effective June 26, 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
Durysta TM (bimatoprost) implant
Fensolvi [®] (leuprolide acetate) subcutaneous kit

Products Impacted

This applies to 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?

OP59-20

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.

Distribution: Available online at: https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications

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