

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



November 27, 2019

### Pharmacy Benefit Exclusion for Polivy™, Kanjinti™, Evenity®, Belrapzo™, Mvasi™, Clinolipid 20%, Cisplatin, Heparin Sodium, and Selenious acid

Effective December 1, 2019 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.

Please note, both brand and generic products are excluded from pharmacy benefit coverage.

| Drug Name   | Drug Name                                       | Drug Name   |
|---|---|---|
| <b>Polivy™ 140mg</b> (polatuzumab vedofin-piiq) IV solution | <b>Kanjinti™</b> (trastuzuman-anns) IV solution | <b>Evenity® 105mg/1.17mL</b> (romosozumab-Aqqg) syringe   |
| <b>Belrapzo™ 100mg/4mL</b> (bendamustin) IV solution        | <b>Mvasi™</b> (bevacizumab-awwb) IV solution    | <b>Clinolipid 20%</b> (fat emulsion) injection            |
| <b>Cisplatin 50mg</b> (cisplatin) IV solution               | <b>Heparin Sodium 5000 unit/0.5mL</b>           | <b>Selenious acid 60mcg/mL</b> (selenious acid) injection |

### 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?

If you have questions, please contact provider services at **1-866-518-8448**.