# PROVIDER QUICK POINTS
## PROVIDER INFORMATION

BlueCross BlueShield Minnesota

## Pharmacy Benefit Exclusion for Vyondys 53™ (golodirsen)

Upon launch, Vyondys 53™ (golodirsen) 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 |
| --- |
| Vyondys 53™ (golodirsen) 100 mg/2ml Intravenous (IV) 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.