

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



June 12, 2019

### Pharmacy Benefit Exclusion for Cimzia<sup>®</sup>, Elzonris<sup>™</sup>, Gamifant<sup>®</sup>, Kalbitor<sup>®</sup>, Khapzory<sup>™</sup>, leucovorin calcium, Nuzyra<sup>™</sup> and Panzyga<sup>®</sup>

Effective July 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.

Target Agent(s)	Target Agent(s)	Target Agent(s)
Cimzia <sup>®</sup> (certolizumab pegol lyophilized powder for injection) (NDC 50474070062)	Elzonris <sup>™</sup> (tagraxofusp-erzs injection)	Gamifant <sup>®</sup> (empalamub-izsg injection)
Kalbitor <sup>®</sup> (ecallantide)	Khapzory <sup>™</sup> (levoleucovorin solution)	leucovorin calcium solution
Nuzyra <sup>™</sup> (omadacycline tosylate solution)	Panzyga <sup>®</sup> (immune globulin (human)-ifas solution)	

### 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 **(651) 662-5200** or **1-800-262-0820**.

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