

PROVIDER QUICK POINTS

PROVIDER INFORMATION



January 22, 2020

Pharmacy Benefit Exclusion for Xenleta™, Asparlas™, Ogivri™ and Tranexamic Acid/Sodium Chloride

Effective February 19, 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.

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

Drug Name
Xenleta™ (lefamulin) IV
Asparlas™ (calaspargase pegol-mknl) IV
Ogivri™ (trastuzumab-dkst) IV
Tranexamic Acid/Sodium Chloride 1000 Mg/100ml-0.7% (Tranexamic Acid-Sodium 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 for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**.