

PROVIDER QUICK POINTS

PROVIDER INFORMATION



March 27, 2019

Pharmacy Benefit Exclusion for Antineoplastic and Adjunctive Therapies

Effective March 11, 2019, the drugs listed in the table below were 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 Agents	Target Agents	Target Agents
Abraxane® 100mg (paclitaxel protein-bound particles)	Adcetris® 50mg (brentuximab vedotin)	Adrucil® 25g/50mL (fluorouracil)
Almita® 100mg, 500mg (pemetrexed disodium)	Aliqopa™ 60mg (copanlisib hcl)	Arranon® 5mg/mL (nelarabine)
Arzerra® 100mg/5mL (Ofatumumab)	Avastin® 100mg/4mL, 400mg/16mL (bevacizumab)	Bavencio® 20mg/mL (avelumab)
Beleodaq® 500mg (belinostat)	Bendeka® 100mg/4mL (bendamustine hcl)	Besponsa® 0.9mg (inotuzumab ozogamicin)
Bicnu® 100mg (carmustine)	Blinicyto® 35mcg (bleniatumomab)	bortezomib 3.5mg
Bulsufan® 6mg/mL (busulfan)	Camptosar® 300mg/15mL (irinotecan hcl)	carboplatin 15mg/15mL, 450mg/45mL, 50mg/5mL, 600mg/60mL
cisplatin 100mg, 200mg, 50mg	cladribine 1mg/mL	clofarabine 20mg/20mL
Cosmegen® 0.5mg (dactinomycin)	Cyramza® 100mg/10mL, 500mg/50mL (ramucirumab)	dacarbazine 100mg, 200mg
Darzalex® 100mg/5mL, 400mg/20mL (daratumumab)	daunorubicin hcl 20mg/4mL, 5mg/mL	decitabine 50mg
dexrazoxane 250mg, 500mg	Docetaxel 160mg/8mL, 20mg/0.5mL, 20mg/mL, 80mg/2mL, 80mg/4mL, 160mg/16mL, 20mg/2mL, 80mg/mL (docetaxel)	Doxorubicin 10mg, 50mg, 150mg/75mL (doxorubicin hcl)
Elitek® 1.5mg, 7.5mg (rasburicase)	Empliciti® 300mg, 400mg (elotuzumab)	epirubicin hcl 200mg, 50mg/25mL
Erbix® 100mg, 200mg (cetuximab)	Ethyol® 500mg (amifostine)	Etopophos® 100mg, 20mg/mL, 500mg/25mL (etoposide phosphate)

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Distribution: Available on providers.bluecrossmn.com. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

Target Agents	Target Agents	Target Agents
Evomela® 50mg (melphalan hcl)	fludarabine phosphate 50mg, 50mg/2mL	fluorouracil 1gm/20mL, 5gm/100mL, 500mg/10mL
Foloty® 20mg/mL, 40mg/2mL (pralatrexate)	Fusilev® 50mg (levoleucovorin calcium)	Gazyva® 25mg/mL (obinutuzumab)
gemcitabine 1gm, 2gm, 200mg	Gliadel® Wafer 7.7mg (carmustine in polifeprosan)	Halaven® (eribulin mesylate)
Herceptin® 150mg, 440mg (trastuzumab)	Idamycin® (odarubicin hcl)	Ifex® (ifosfamide)
Imfinzi® (durvalumab)	irinotecan 100mg/5mL, 40mg/2mL, 500mg/25mL	Ixempra® kit 15mg, 45mg (ixabepilone)
Jevtana® 60mg/1.5mL (cebazitaxel)	Kadcyla® 100mg, 160mg (ado-trastuzumab emtansine)	Kepivance® 6.25mg (palifermin)
Keytruda® 100mg/4mL (pembrolizumab)	Kyprolis® 30mg, 60mg (carfilzomib)	Lartruvo™ 190mg/19mL, 500mg/50mL (olaratumab)
levoleucovorin 175mg, 175mg/17.5mL, 250mg/25mL	Lipodox™ 50 (doxorubicin hcl liposomal)	Lutathera® (lutetium LU 177 dotatate)
Marqibo® 5mg/31mL (vincristine sulfate liposome)	melphalan hcl	mesna
Metastron™ (strontium-89 chloride)	mitomycin	mitoxantrone hcl
Mutamycin® (mitomycin)	Mylotarg™ (gemtuzumab ozogamicin)	Nipent™ (pentostatin)
Onivyde® (irinotecan hcl)	Opdivo® (nivolumab)	oxaliplatin 100mg, 50mg, 50mg/10mL
paclitaxel 100mg, 150mg/25mL, 30mg/5mL, 300mg/50mL	Perjeta® 420mg/14mL (pertuzumab)	Photofrin® 75mg (porfimer sodium)
Portrazza™ 800mg/50mL (necitumumab)	Proleukin® 22000000 UNIT (aldesleukin)	Quadramet® (samarium sm 153 lexidronam)
romidepsin 10mg	Tecentriq® 1200mg/20mL (atezolizumab)	Temodar® 100mg (temozolomide)
teniposide 50mg/5mL	Tepadina® 100mg, 15mg (thiotepa)	Toposar™ 100mg/5mL (etoposide)
topotecan hcl 4mg, 4mg/4mL	Torisel® 25mg/mL (temsirolimus)	Treanda® 100mg, 25mg (bendamustine hcl)
Trisenox™ 12mg/6mL (arsenic trioxide)	Unituxin® (dinutuximab)	Vantas™ kit (histrelin acetate)
Vectibix® 100mg, 400mg (panitumumab)	vinblastine sulfate 1mg/mL	vinorelbine tartrate 10mg/mL, 50mg/mL
Vincasar® PFS (vincristine sulfate)	Voraxaze® (glucarpidase)	Vyxeos® 44-100mg (daunorubicin-cytarabine liposome)
Xofigo® (radium RA 223 dichloride)	Yervoy® 200mg, 50mg (ipilimumab)	Yondelis® 1gm (trabectedin)
Zaltrap® 100mg/4mL, 200mg/8mL (ziv-aflibercept)	Zanosar® 1gm (steptozocin)	Zevalin® Y-90 (ibritumomab tiuxetan for yttrium-90)
Zoladex® 10.8mg, 3.6mg (goserelin acetate)		

Products Impacted

This PA program 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**.