

PROVIDER QUICK POINTS

PROVIDER INFORMATION



May 18, 2018

Pharmacy Benefit Exclusion for Ilumya® (tildrakizumab-asmn)

Ilumya® (tildrakizumab-asmn) is a new drug product approved for the treatment of adults with moderate-to-severe plaque psoriasis and was approved on March 21, 2018. When available in the marketplace, Ilumya® (tildrakizumab-asmn) will be excluded from pharmacy benefit coverage due to its clinician-administered route of administration. Ilumya® (tildrakizumab-asmn) may be available for medical benefit coverage for subscribers who are eligible.

Drug Name
Ilumya® (tildrakizumab-asmn)

Products Impacted

This notice applies to commercial lines of business **and** the following Minnesota Health Care Programs:

- Blue Advantage 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**.

QP35-18

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

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

L264R03 (12/13)