

PROVIDER QUICK POINTS

PROVIDER INFORMATION



July 19, 2018

Pharmacy Benefit Exclusion for Cytovene (ganciclovir), Foscavir (foscarnet), Prevymis (letermovir), Trogarzo (ibalizumab-uiyk), Vistide (cidofovir), Zovirax (acyclovir)

Effective July 20, 2018, 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
Cytovene (ganciclovir) injection
Foscavir (foscarnet) injection
Prevymis (letermovir) IV solution
Trogarzo (ibalizumab-uiyk) IV solution
Vistide (cidofovir) IV injection
Zovirax (acyclovir) IV solution

Products Impacted

This notice applies to the following Minnesota Health Care Programs:

- Blue Advantage Prepaid Medical Assistance Program (PMAP)
- Minnesota Senior Care Plus (MSC+)
- MinnesotaCare (MNCare)

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

QP58-18

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