

PROVIDER QUICK POINTS

PROVIDER INFORMATION



August 21, 2018

Pharmacy Benefit Exclusion for Alferon N (interferon alpha-n3), Cytovene (ganciclovir), Foscavir (foscarnet), Prevmis (letermovir), Trogarzo (ibalizumab-uiyk), Vistide (cidofovir) and Zovirax (acyclovir)

Effective October 1, 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
Alferon N (interferon alpha-n3) injection
Cytovene (ganciclovir) injection
Foscavir (foscarnet) injection
Prevmis (letermovir) IV solution
Trogarzo (ibalizumab-uiyk) IV solution
Vistide (cidofovir) IV injection
Zovirax (acyclovir) IV solution

Products Impacted

This notice applies to commercial lines of business.

Questions?

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

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