

PROVIDER QUICK POINTS

PROVIDER INFORMATION



December 8, 2021

MHCP Pharmacy Benefit Exclusion for Asparlas™, Khapzory™, Nulojix®, Oncaspar® and Susvimo™

Effective **January 1, 2022**, 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.

Drug Name
Asparlas™ (calaspargase pegol-mknl) intravenous (IV) infusion
Khapzory™ (levoleucovorin) IV infusion
Nulojix® (belatacept) IV infusion
Oncaspar® (pegaspargase) intramuscular or IV infusion
Susvimo™ (ranibizumab) intravitreal injection; intravitreal implant kit

Products Impacted

This exclusion 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**. Please contact provider services at **(651) 662-5200** or **1-800-262-0820** for all other questions.