## PROVIDER QUICK POINTS PROVIDER INFORMATION



November 23, 2022

## Commercial Pharmacy Benefit Exclusion for Cimerli™, Skysona®, Spevigo®, and Xenpozyme™

Effective **November 23, 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	
Cimerli™ (ranibizumab-eqrn) injection for intravitreal use	
Skysona® (elivaldogene autotemcel) suspension for intravenous (IV) infusion	
Spevigo® (spesolimab-sbzo) solution for intravenous (IV) infusion	

Xenpozyme<sup>™</sup> (olipudase alfa-rpcp) lyophilized powder for reconstitution for intravenous (IV) infusion

## **Products Impacted**

This applies to the commercial line of business.

## Questions?

Please contact provider services at (651) 662-5200 or 1-800-262-0820.

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