## PROVIDER QUICK POINTS PROVIDER INFORMATION



June 14, 2023

## Commercial Pharmacy Benefit Exclusion for Aponvie™, Iheezo™, Omisirge®, and Qalsody™

Effective **June 14, 2023**, 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 Names
Aponvie™ (aprepitant) emulsion for intravenous (IV) infusion
Iheezo™ (chloroprocaine hcl) gel for topical ophthalmic use
Omisirge® (omidubicel-onlv) suspension for intravenous (IV) infusion

Qalsody™ (tofersen) solution for intrathecal administration

## **Products Impacted**

These exclusions apply to commercial lines of business.

## Questions?

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

QP51-23

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