

PROVIDER QUICK POINTS

PROVIDER INFORMATION



August 9, 2023

MHCP Pharmacy Benefit Exclusion for Columvi™, Elevidys, Rystiggo®, and Vyvgart® Hytrulo

Effective **August 9, 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 |
|---|
| Columvi™ (glofitamab-gxbm) solution for intravenous (IV) infusion |
| Elevidys (delandistrogene moxeparvovec-rokl) solution for intravenous (IV) infusion |
| Rystiggo® (rozanolixizumab-noli) solution for subcutaneous (SC) infusion |
| Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) solution for subcutaneous (SC) infusion |

Products Impacted

These exclusions apply to 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**. For all other questions, contact provider services at **(651) 662-5200** or **1-800-262-0820**.

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