PROVIDER QUICK POINTS PROVIDER INFORMATION



December 13, 2023

MHCP Pharmacy Benefit Exclusion for Cosentyx®, Omvoh™, and Tofidence™

Effective **January 1, 2024**, 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
Cosentyx® (secukinumab) solution for intravenous (IV) infusion
Omvoh™ (mirikizumab-mrkz) solution for intravenous (IV) infusion

Products Impacted

These exclusions apply to Minnesota Health Care Programs:

Tofidence™ (tocilizumab-bavi) solution for intravenous (IV) infusion

- Families and Children
- 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**.

QP101-23

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