# PROVIDER QUICK POINTS PROVIDER INFORMATION



March 27, 2024

# Commercial Pharmacy Benefit Exclusion for Amtagvi®

Effective **March 27, 2024**, the drug 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**

Amtagvi® (lifileucel) suspension for intravenous (IV) infusion

## **Products Impacted**

This exclusion applies to commercial lines of business.

### **Questions?**

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

QP26-24

Distribution: bluecrossmn.com/providers/forms-and-publications