# **PROVIDER QUICK POINTS** PROVIDER INFORMATION



August 28, 2024

## Commercial Pharmacy Benefit Exclusion for edaravone, Kisunla<sup>™</sup>, PiaSky<sup>®</sup>, and Tecelra<sup>®</sup>

Effective **August 28, 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**

edaravone injection solution for intravenous (IV) infusion

Kisunla<sup>™</sup> (donanemab-azbt) solution for intravenous (IV) infusion

PiaSky® (crovalimab-akkz) solution for intravenous (IV) infusion and subcutaneous (SC) injection

Tecelra® (afamitresgene autoleucel) solution for intravenous (IV) infusion

### **Products Impacted**

These exclusions apply to commercial lines of business.

### **Questions?**

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