

PROVIDER QUICK POINTS

PROVIDER INFORMATION



May 8, 2024

Commercial Pharmacy Benefit Exclusion for Lenmeldy™

Effective **May 8, 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
Lenmeldy™ (atidarsagene autotemcel) 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**.