

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



February 12, 2020

### **Pharmacy Benefit Exclusion for Calcipotriene-Betamethasone Dipropionate Suspension 0.005-0.064% (authorized generic (AG) of Taclonex suspension)**

Effective January 27, 2020, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will not cover Calcipotriene-Betamethasone Dipropionate Suspension 0.005-0.064% (AG of Taclonex suspension). Members must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for use of the medication. A summary of the excluded medication and preferred formulary alternative can be found below.

Excluded Medication	Preferred Formulary Alternative
Calcipotriene-Betamethasone Dipropionate Suspension 0.005-0.064% (AG of Taclonex suspension)	betamethasone dipropionate augmented ointment 0.05%

### **Products Impacted**

This exclusion applies to commercial lines of business.

### **Questions?**

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.