

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



April 14, 2021

### Commercial Pharmacy Benefit Exclusion for Select Medications and Formulary Alternatives

Effective April 14, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will not cover these medications under the pharmacy benefit. 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 medications and formulary alternatives can be found below.

Excluded Medications	Formulary Alternatives
Acetaminophen/caffeine/dihydrocodeine capsule 320.5/30/16 mg (Trezix <sup>®</sup> Authorized Generic*)	acetaminophen/codeine tablet 300/15 mg
Oxycodone/acetaminophen solution 10/300 mg per 5 ml (Prolate <sup>®</sup> Authorized Generic*)	oxycodone hydrochloride solution 5 mg/5 ml
Prolate <sup>®</sup> (oxycodone/acetaminophen) solution 10/300 mg per 5 ml	oxycodone hydrochloride solution 5 mg/5 ml
Qdolo <sup>®</sup> (tramadol) solution 5 mg/ml	tramadol tablet 50 mg
Trezix <sup>®</sup> (acetaminophen/caffeine/dihydrocodeine) capsule 320.5/30/16 mg	acetaminophen/codeine tablet 300/15 mg

\* Authorized Generics are approved brand name drugs that are the same as the (reference) brand name drug in both active and inactive ingredients, but do not use the brand name on the label and may have a different color or marking.

### 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.