

PROVIDER QUICK POINTS

PROVIDER INFORMATION



July 14, 2021

Commercial Pharmacy Benefit Exclusion for Select Medications

Effective July 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 preferred formulary alternatives can be found below.

Excluded Medications	Formulary Alternatives
Elepsia XR™ (levetiracetam) tablet 1000 mg, 1500 mg	levetiracetam er 24hr tablet 500 mg, 750 mg
Roszet™ (rosuvastatin and ezetimibe) tablet 5-10 mg, 10-10 mg, 20-10 mg, 40-10 mg	rosuvastatin tablet, ezetimibe tablet as individual ingredients
VESIcare LS™ (solifenacin succinate) oral suspension 5 mg/5 mL	oxybutynin syrup 1 mg/mL

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**.