

PROVIDER QUICK POINTS

PROVIDER INFORMATION



November 25, 2020

Commercial Pharmacy Benefit Exclusion for Some Medications

Effective January 1, 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
butalbital/acetaminophen/caffeine capsule 50-300-40 mg	butalbital/acetaminophen/caffeine tablet 50-325-40 mg
Timolol Maleate ophthalmic gel forming solution 0.25%	timolol maleate ophthalmic solution 0.25%
Timolol Maleate ophthalmic gel forming solution 0.5%	timolol maleate ophthalmic solution 0.5%
Timoptic-XE [®] (timolol maleate) ophthalmic gel forming solution 0.25%	timolol maleate ophthalmic solution 0.25%
Timoptic-XE [®] (timolol maleate) ophthalmic gel forming solution 0.5%	timolol maleate ophthalmic solution 0.5%
ProAir Respiclick [®] (albuterol sulfate) 108 mcg/act	albuterol HFA 108 mcg/act (generic Proventil HFA), Ventolin HFA [®] (albuterol sulfate) 108 mcg/act

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**.

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