

PROVIDER QUICK POINTS

PROVIDER INFORMATION



November 13, 2019

Pharmacy Benefit Exclusion for Ivermectin Cream 1%

Effective upon launch of the medication, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will not cover **ivermectin cream 1%**. 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
ivermectin cream 1%	Soolantra [®] (ivermectin) Cream, 1%

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**.