

PROVIDER QUICK POINTS

PROVIDER INFORMATION



June 12, 2019

Pharmacy Benefit Exclusion for Intramuscular Route of Administration Medications

Effective July 1, 2019, the drugs listed in the table below will be excluded from pharmacy benefit coverage due to clinician-administered route of administration and may be available for medical benefit coverage for subscribers who are eligible.

Please note, both brand and generic products are excluded from pharmacy benefit coverage.

Drug Name	Drug Name	Drug Name
Adagen [®] (pegademase bovine) injection 250 unit/ml	diazepam IM solution auto-inj 10 MG/2ML	Nabi HB [®] (hepatitis B immune globulin human) IM injection
Aquasol A [™] (vitamin A) injection 50000 unit/ml	DuoDote [®] (atropine-pralidoxime) injection	Pen G Proc [®] (penicillin G procaine) IM suspension
Atropen [®] (atropine sulfate) IM solution	Hemabate [®] (carboprost tromethamine) injection	Rhogam Plus [®] (rho D immune globulin) IM solution
Bacitracin [™] (bacitracin) IM solution	hydroxyzine HCL IM injection	streptomycin sulfate IM injection
Bal in Oil [™] (dimercaprol injection)	Hyperrho [®] S/D (rho D immune globulin) IM solution	Tigan [®] (trimethobenzamide hydrochloride) injection
Bentyl [®] (dicyclomine hydrochloride) injection 10 mg/ml	Hypertet [®] S/D (tetanus immune globulin)	Typhim VI [®] (typhoid VI polysaccharide) IM vaccine
Bicillin [®] (penicillin G benzathine) injectable suspension	ketorolac tromethamine IM injection	Thyrogen [®] (thyrotropin alfa) injection
Botox [®] Cosmetic (onabotulinumtoxinA) injection	Lipo-B [®] (methionine/inositol/choline/cyanocobalamin) IM injection	Varizig [®] (varicella zoster immune globulin) IM injection
brompheniramine maleate IM injection	Microhogam [®] (rho d immune globulin) IM solution	Vivitrol [®] (naltrexone) IM extended release suspension

Products Impacted

This notice 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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