

PROVIDER QUICK POINTS

PROVIDER INFORMATION



November 10, 2021

Pharmacy Benefit Exclusion for Lantus and Lantus Solostar

Effective January 1, 2022, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will not cover Lantus and Lantus Solostar. 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. In most states, a pharmacist can substitute Insulin Glargine or Semglee for Lantus without contacting the prescriber.

Excluded Medications	Preferred Formulary Alternatives
Lantus (insulin glargine) inj 100 unit/ml	Insulin Glargine - insulin glargine inj 100 unit/ml Insulin Glargine - insulin glargine soln pen-injector 100 unit/ml Semglee - insulin glargine inj 100 unit/ml Semglee - insulin glargine soln pen-injector 100 unit/ml
Lantus Solostar (insulin glargine) soln pen-injector 100 unit/ml	Insulin Glargine - insulin glargine inj 100 unit/ml Insulin Glargine - insulin glargine soln pen-injector 100 unit/ml Semglee - insulin glargine inj 100 unit/ml Semglee - insulin glargine soln pen-injector 100 unit/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**.