

PROVIDER QUICK POINTS

PROVIDER INFORMATION



June 12, 2019

Pharmacy Benefit Exclusion for Proventil[®] (albuterol sulfate) HFA and Proventil[®] (albuterol sulfate) HFA Authorized Generic (AG)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will no longer cover Proventil[®] (albuterol sulfate) HFA and Proventil[®] (albuterol sulfate) HFA AG under the pharmacy benefit plan. The effective dates are listed in the table below. Members must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for continued use of their current medication. A summary of the excluded medications and preferred formulary alternatives can be found below.

Excluded Medication(s)	Preferred Alternative Medication(s)
Albuterol AER HFA (Proventil [®] AG) NDC 00254-1007-52 (Effective April 15, 2019)	Ventolin [®] (albuterol sulfate) HFA Proair [®] (albuterol sulfate) HFA
Proventil [®] (albuterol sulfate) HFA NDC 00085-1132-01, 00085-1132-04 (Effective July 1, 2019)	

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**.

QP49-19

Distribution: Available on providers.bluecrossmn.com. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

L264R03 (12/13)