

PROVIDER QUICK POINTS

PROVIDER INFORMATION



March 6, 2017

Pharmacy Benefit Update – EpiPen[®], EpiPen Jr. [®], Auvi-Q[®] and Procysbi[®]

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is committed to providing subscribers with safe, quality, pharmacy care.

Effective April 1, 2017, Blue Cross will no longer cover EpiPen and EpiPen Jr. brand (EpiPen brand), Auvi-Q and Procysbi under the pharmacy benefit plan. Subscribers 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	Preferred Alternative Medication
EpiPen Brand	EpiPen Authorized Generic
Auvi-Q	EpiPen Authorized Generic
Procysbi	Cystagon

Products impacted

This notice applies to all commercial lines of business that retain Prime Therapeutics as their pharmacy benefit manager (PBM).

Additional Information:

- Subscribers may contact you regarding this pharmacy benefit change. Please submit a new prescription for those subscribers who are impacted by this change.
- Pharmacies will be notified of this benefit change. We have asked them to facilitate this benefit change by helping to obtain new prescriptions.
- Impacted subscribers received a letter from Blue Cross notifying them of this pharmacy benefit change.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

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