

PROVIDER QUICK POINTS

PROVIDER INFORMATION



March 8, 2018

Pharmacy Benefit Update – Exclusion Gocovri™ and Osmolex ER™

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, 2018, Blue Cross will no longer cover Gocovri™ (amantadine extended-release) and Osmolex ER™ (amantadine extended-release) 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 the preferred formulary alternative can be found below.

Excluded Medication	Preferred Alternative Medication
Gocovri™	Amantadine immediate-release
Osmolex ER™	Amantadine immediate-release

Products Impacted

This notice applies to commercial lines of business.

Additional Information

- Subscribers may contact you regarding this benefit change. Please submit a new prescription for those 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.

Questions?

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

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