

PROVIDER QUICK POINTS

PROVIDER INFORMATION



November 28, 2018

Pharmacy Benefit Exclusion for Crinone[®] (progesterone) Gel, Finacea[®] (azelaic acid) Foam, Glatopa[™] (glatiramer acetate) Injection

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

Effective January 1, 2019, Blue Cross will no longer cover Crinone[®] (progesterone) Gel, Finacea[®] (azelaic acid) Foam or Glatopa[™] (glatiramer acetate) Injection 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 alternatives can be found below:

Excluded Medication	Preferred Alternative Medication
Crinone [®] (progesterone) Gel*†	ENDOMETRIN [®] -progesterone vaginal insert 100 mg* (effective January 1, 2019)
Finacea [®] (azelaic acid) Foam	azelaic acid gel 15% clindamycin phosphate lotion 1% (Cleocin-T[®]) clindamycin phosphate soln 1% (Cleocin-T[®]) clindamycin phosphate swab 1% (Cleocin-T[®]) erythromycin gel 2% (Erygel[®]) erythromycin pads 2% erythromycin soln 2% metronidazole cream 0.75% (Metrocream[®]) metronidazole gel 0.75% metronidazole gel 1% (Metrogel[®]) metronidazole lotion 0.75% (Metro lotion[®]) SOOLANTRA[®] – ivermectin cream 1% sulfacetamide sodium lotion 10% (Klaron[®]) tazarotene cream 0.1% (Tazorac[®]) TAZORAC[®] – tazarotene cream 0.05% TAZORAC[®] – tazarotene gel 0.05% TAZORAC[®] – tazarotene gel 0.1% tretinoin cream 0.025% (Retin-A[®]) tretinoin cream 0.05% (Retin-A[®]) tretinoin cream 0.1% (Retin-A[®]) tretinoin gel 0.01% (Retin-A[®]) tretinoin gel 0.025% (Retin-A[®])

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Excluded Medication	Preferred Alternative Medication
Glatopa™ (glatiramer acetate) Injection	COPAXONE- glatiramer acetate soln prefilled syringe 20 mg/ml COPAXONE- glatiramer acetate soln prefilled syringe 40 mg/m glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone) by Mylan glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone) by Mylan

*Prescription drugs for or related to reproduction may not be eligible for coverage.

†Select formularies may not be subject to this pharmacy benefit exclusion for January 1, 2019.

Products Impacted

This notice applies to commercial lines of business.

Additional Information:

- Subscribers may contact the prescribing provider regarding this benefit change. A new prescription should be submitted for those subscribers who are impacted by this change.
- Pharmacies will be notified of this benefit change. Blue Cross has asked them to facilitate this benefit change by helping to obtain new prescription.

Questions?

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