

PROVIDER QUICK POINTS

PROVIDER INFORMATION



August 10, 2022

Commercial Pharmacy Benefit Exclusion for Select Medications

Effective October 1, 2022, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will not cover these medications under the pharmacy benefit. 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.

Excluded Medications	Preferred Formulary Alternatives
adapalene/benzoyl peroxide gel 0.3-2.5%	tretinoin cream 0.1%
Citalopram (citalopram hydrobromide) capsule 30 mg	citalopram tablet 10 mg, 20 mg, 40 mg
Dartisla ODT (glycopyrrolate) orally disintegrating tablet 1.7 mg	glycopyrrolate tablet 1 mg, 2 mg
metronidazole topical lotion 0.75%	metronidazole topical gel 0.75%
Seglantis® (celecoxib and tramadol hcl) tablet 56-44 mg	celecoxib capsule and tramadol tablet 50 mg
Soaanz® (torsemide) tablet 20 mg, 40 mg, 60 mg	torsemide tablet 5 mg, 10 mg, 20 mg, 100 mg
tretinoin gel 0.025%	tretinoin cream 0.025%
Twynéo® (tretinoin and benzoyl peroxide) cream 0.1-3%	tretinoin cream 0.1%

Products Impacted

This exclusion applies to the commercial lines of business.

Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.