

PROVIDER QUICK POINTS

PROVIDER INFORMATION



February 8, 2023

Commercial Pharmacy Benefit Exclusion for Select Medications

Effective April 1, 2023, 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
Entadfi capsule 5-5 mg	dutasteride capsule 5 mg, finasteride tablet 5 mg, tadalafil tablet 5 mg, tamsulosin capsule 0.4 mg
insulin degludec Flextouch 100 unit/ml, 200 unit/ml, insulin degludec inj 100 unit/ml	Humulin R U-500, Insulin Glargine YFGN, Levemir, Novolin N, Semglee YFGN, Toujeo, Tresiba, Tresiba Flextouch
Ryaltris nasal suspension 665-25 mcg/act	azelastine nasal spray 0.1% (137 mcg/spray), fluticasone propionate nasal suspension 50 mcg/act
Venlafaxine tablet 112.5 mg	desvenlafaxine ER tablet, duloxetine hcl capsule, (20 mg, 30 mg, 60 mg), venlafaxine hcl tablet, venlafaxine hcl ER capsule
Vivjoa capsule 150 mg	fluconazole tablet

Products Impacted

These exclusions apply to the commercial lines of business.

Questions?

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