

PROVIDER QUICK POINTS

PROVIDER INFORMATION



November 8, 2023

Commercial Pharmacy Benefit Exclusion for Select Medications

Effective January 1, 2024, 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
Advair Diskus (fluticasone-salmeterol) Aerosol 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act	fluticasone propionate/salmeterol diskus aerosol 100-50 Mcg/Act; 250-50 Mcg/Act; 500-50 Mcg/Act
isotretinoin oral capsule 25 mg, 35 mg	isotretinoin oral capsule (10 mg, 20 mg, 30 mg, 40 mg)
Moxifloxacin HCl (moxifloxacin HCl) Ophthalmic Solution 0.5%	moxifloxacin hcl ophthalmic solution 0.5%,
Neomycin-polymixin-hydrocortisone Ophthalmic Suspension	neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic ointment 1%, neomycin/polymyxin/dexamethasone ophthalmic ointment 0.1%, neomycin/polymyxin/dexamethasone ophthalmic suspension 0.1%
risedronate sodium delayed release oral tablet 35 mg	alendronate sodium tablet (10 mg, 35 mg, 70 mg), ibandronate sodium tablet
Zolpidem (zolpidem tartrate) Oral Capsule 7.5 mg	eszopiclone tablet, zaleplon capsule, zolpidem tartrate tablet, zolpidem tartrate er 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**.

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