

PROVIDER QUICK POINTS

PROVIDER INFORMATION



February 14, 2024

Commercial Pharmacy Benefit Exclusion for Select Medications

Effective April 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
Crotan™ (crotamiton) lotion 10%	malathion lotion 0.5%, permethrin cream 5%
diclofenac potassium (migraine) oral powder pak 50 mg	diclofenac potassium tablet 50 mg, diclofenac sodium tablet delayed-release 50 mg
Fiasp® (insulin aspart with niacinamide) Pumpcart® - injection 100 unit/mL	NovoLog® injection solution, NovoLog® FlexPen®, NovoLog® PenFill® (insulin aspart) 100 unit/mL
flurazepam capsule 15 mg, 30 mg	estazolam tablet 1 mg, temazepam capsule 15 mg, 30 mg
Insulin Aspart (insulin aspart) – injection solution 100 unit/mL	NovoLog®, NovoLog® Relion - injection solution (insulin aspart) 100 unit/mL
Insulin Aspart (insulin aspart) Flexpen® – solution pen-injector 100 unit/mL	NovoLog® FlexPen®, NovoLog® FlexPen® Relion (insulin aspart) – solution pen-injector 100 unit/mL
Insulin Aspart (insulin aspart) Penfill® – solution cartridge 100 unit/mL	NovoLog® PenFill® (insulin aspart) – solution cartridge 100 unit/mL
Insulin Aspart Protamine/Insulin Aspart ((insulin aspart prot & aspart (human)) injection solution 100 unit/mL (70-30)	NovoLog® Mix, NovoLog® Mix Relion ((insulin aspart prot & aspart (human)) injection solution 100 unit/mL (70-30)
Insulin Aspart Protamine/Insulin Aspart FlexPen® (insulin aspart prot & aspart) suspension pen-injection 100 unit/mL (70-30)	NovoLog® Mix FlexPen®, NovoLog® Mix FlexPen® Relion (insulin aspart prot & aspart) 100 unit/mL (70-30)
Iyuzeh™ (latanoprost) ophthalmic solution 0.005 %	latanoprost ophthalmic solution 0.005%
Lodoco® (colchicine) tablet 0.5 mg	colchicine tablet 0.6 mg
Trexall® (methotrexate) tablet 5 mg, 7.5 mg, 10 mg, 15 mg	methotrexate tablet 2.5 mg
Xatmep® (methotrexate) oral solution 2.5 mg/mL	methotrexate tablet 2.5 mg

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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