

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



July 24, 2024

### Commercial Pharmacy Benefit Exclusion for Select Medications

Effective **October 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 Medication(s)	Preferred Formulary Alternative(s)
bromfenac sodium ophthalmic solution 0.075 %	diclofenac sodium ophthalmic solution 0.1%, ketorolac tromethamine ophthalmic solution 0.5%
Humira (adalimumab) prefilled syringe kit, 10 mg/0.1mL, 20 mg/0.2mL, 40 mg/0.4mL; pen-injector kit, 40 mg/0.4mL, 80 mg/0.8mL (manufactured by Cordavis)	Humira (adalimumab) prefilled syringe kit, 10 mg/0.1mL, 20 mg/0.2mL, 40 mg/0.4mL; pen-injector kit, 40 mg/0.4mL, 80 mg/0.8mL (manufactured by AbbVie)
insulin glargine solostar (1 unit dial) 300 unit/mL, insulin glargine Max solostar (2 unit dial) 300 unit/mL	Toujeo Solostar (1 unit dial) 300 unit/mL Toujeo Max Solostar (2 unit dial) 300 unit/mL
Lotronex (alosetron) tablet 0.5 mg and 1 mg	alosetron tablet
metronidazole capsule 375 mg	metronidazole tablet
nitrofurantoin suspension 50 mg/5 mL	nitrofurantoin suspension 25 mg/5 mL, nitrofurantoin monohydrate capsule
Sovuna (hydroxychloroquine) tablet 200 mg, 300 mg	hydroxychloroquine tablet
tramadol tablet 25 mg	tramadol tablet 50 mg
Zituvio (sitagliptin) tablet 25 mg, 50 mg, 100 mg	Januvia (sitagliptin) tablet

### Products Impacted

These exclusions apply to the commercial lines of business.

### Questions?

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

QP59-24

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L264R03 (12/13)