

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



November 13, 2024

### Commercial Pharmacy Benefit Exclusion for Select Medications

Effective **January 1, 2025**, 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)
Absorica (isotretinoin) capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	isotretinoin capsule 10 mg, 20 mg, 30 mg, 40 mg
adalimumab-adbm ajkt 40 mg/0.4ml, 40 mg/0.8ml; adalimumab-adbm pskt 40 mg/0.4ml, 40 mg/0.8ml (manufactured by Quallent Pharmaceuticals)	Humira (adalimumab) (manufactured by AbbVie) Hadlima (adalimumab-bwwd) Simlandi (adalimumab-ryvk) adalimumab-aaty adalimumab-adaz
adalimumab-ryvk ajkt 40 mg/0.4ml; adalimumab-ryvk pskt 40 mg/0.4ml (manufactured by Quallent Pharmaceuticals)	Humira (adalimumab) (manufactured by AbbVie) Hadlima (adalimumab-bwwd) Simlandi (adalimumab-ryvk) adalimumab-aaty adalimumab-adaz
Basaglar Tempo Pen (insulin glargine) 100 unit/mL	Levemir FlexPen (insulin detemir) pen-injector Semglee (insulin glargine-yfgn) pen-injector Toujeo Solostar (insulin glargine) pen-injector Tresiba FlexTouch (insulin degludec) pen-injector
cyclosporine ophthalmic emulsion 0.05%	Restasis ophthalmic emulsion 0.05%
Enilloring vaginal ring 0.12-0.015mg/24 hr	NuvaRing vaginal ring 0.12-0.015 mg/24hr
Haloette vaginal ring 0.12-0.015mg/24 hr	NuvaRing vaginal ring 0.12-0.015 mg/24hr
PNV tabs 20-1mg tablet	Prenatal Plus (prenatal vit w/ fe fumarate-fa) tablet 27-1 mg Prenatal 19 (prenatal vit w/ dss-fe fumarate-fa) tablet 29-1 mg SE-Natal 19 (prenatal vit w/ dss-fe fumarate-fa) tablet 29-1 mg Vinate One (prenatal vit w/ fe fumarate-fa) tablet 60-1 mg
Procysbi DR (cysteamine bitartrate) capsule 25mg, 75mg Procysbi DR (cysteamine bitartrate) granule packet 75mg, 300mg	Cystagon (cysteamine bitartrate) capsule 50 mg, 150 mg
tramadol oral solution 5mg/mL	tramadol hcl tablet 50 mg

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Trexall (methotrexate) tablet 5mg, 7.5mg, 10mg, 15mg	methotrexate sodium tablet 2.5 mg
Xatmep (methotrexate) oral solution 2.5mg/mL	methotrexate sodium tablet 2.5 mg methotrexate sodium injection 50 mg/2mL

**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**.