

PROVIDER QUICK POINTS

PROVIDER INFORMATION



May 8, 2024

Commercial Pharmacy Benefit Exclusion for Select Medications

Effective July 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
baclofen oral solution 10 mg/5mL	baclofen tablet 10 mg and 20 mg
Cabtreo (adapalene-benzoyl peroxide-clindamycin phosphate) gel 0.15-3.1-1.2%	clindamycin phosphate-benzoyl peroxide (refrig) gel 1.2 (1)-5%
Coxanto (oxaprozin) capsule 300 mg	celecoxib capsule, diclofenac sodium tablet delayed-release, diclofenac potassium tablet 50 mg
Jylamvo (methotrexate) oral solution 2 mg/mL	methotrexate tablet 2.5 mg
oxaprozin capsule 300 mg	celecoxib capsule, diclofenac sodium tablet delayed-release, diclofenac potassium tablet 50 mg
Ozobax DS (baclofen) oral solution 10 mg/5mL	baclofen tablet 10 mg and 20 mg
Voquenza (vonoprazan fumarate) tablet 10 mg, 20 mg	famotidine tablet 40 mg, omeprazole capsule delayed-release, pantoprazole sodium tablet delayed-release

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**.