

Blue Cross and Blue Shield of Minnesota
 NDC* and Pharmaceutical Manufacturer
 Lock-out Drug List
 Effective January 1, 2020



Below is a list of medicines by drug category that are locked out from coverage under your prescription drug benefit. This means that they are not covered under your prescription drug benefit. In most cases, if you fill a prescription for any of the drugs that are locked out from the pharmacy benefit, you will pay the full retail price.

This list will be reviewed annually and is subject to change at any time. This is not intended as a complete list of all drugs subject to lock-out. Individual benefits will vary. Formulary alternative drugs are available from other pharmaceutical manufacturers for the drugs included in the pharmaceutical manufacturer lock-out list.

Please refer to your specific coverage. Coverage information may be included in a Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement. Or, call the number on the back of your member ID card if you have questions about your coverage.

Take action to avoid paying full price. If you are currently using one of the excluded medications, please ask your doctor to consider writing a new prescription for a covered alternative.

NDC Lock-Out Drugs

Drug Name
AIRDUO
ALBUTEROL SULFATE HFA (authorized generic+ for ProAir HFA and Ventolin HFA, Proventil HFA)
amphetamine/dextroamphetamine ext-release (generic for ADDERALL XR)
APIDRA
APIDRA SOLOSTAR
AUVI-Q
BEPREVE DROPS 1.5%
BULK COMPOUND INGREDIENTS
COLCHICINE (authorized generic+ for Mitigare and Colcrys)
COLCRYS
COMPOUNDING KITS
CRINONE
DXEVO 11-DAY PAK 1.5MG
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 80 MG
doxycycline hyclate tablet 75 mg

Drug Name
doxycycline hyclate tablet 150 mg
doxycycline monohydrate capsule 150 mg
DUEXIS
DYMISTA
ENDARI
EPIPEN
EPIPEN JR
EVZIO
EXONDYS 51
FINACEA foam
fluticasone/salmeterol diskus (generic for ADVAIR DISKUS)
Covered glucose strips are Ascensia brands/manufacturer- all other brands/manufacturers are excluded (e.g. One Touch®)
Covered continuous glucose monitor (CGM) is Medtronic brand Guardian Connect - all other brands/manufacturers are excluded (e.g. Dexcom, FreestyleLibre, Eversense)
Glatopa
GOCOVRI
HELIXATE
HUMALOG
HUMULIN
Insulin Lispro (authorized generic+ for Humalog)
ivermectin cream 1% (generic for Soolantra)
Non-FDA approved kits
Non-FDA approved drugs
OSMOLEX
PAZEO DROPS 0.7%
PROCYSBI

Drug Name
PROAIR DIGIHALER
PROVENTIL HFA
QBREXZA
QMIIZ ODT
RASUVO INJ
REPATHA (high cost NDC that starts 55513-xxxx-xx)
SAVAYSA
VIMOVO
YOSPRALA

Pharmaceutical Manufacturer Lock-Out Drugs

Pharmaceutical Manufacturer Name
Foxland Pharmaceuticals (all drugs)
Solubiomix (all drugs)

Generic drugs are shown in lower-case **boldface** type.

Brand prescription drugs are shown in CAPITAL letters.

Authorized Generics – the term “authorized generic” drug is most commonly used to describe an approved, brand name drug that is marketed as a generic product without the brand name on its label. Other than the fact that it does not have the brand name on its label, it is the exact same drug product as the branded product and will process as a brand not generic.

*The NDC, or National Drug Code, is a unique 11-digit, 3-segment number. It is a universal product identifier for human drugs in the United States. The code is present on all nonprescription (OTC) and prescription medication packages and inserts in the United States. The 3 segments of the NDC identify the labeler, the product, and the commercial package size. The first set of numbers in the NDC identifies the labeler (manufacturer, repackager, or distributor). The second set of numbers is the product code, which identifies the specific strength, dosage form (i.e., capsule, tablet, liquid) and formulation of a drug for a specific manufacturer. Finally, the third set is the package code, which identifies package sizes and types. The labeler code is assigned by the FDA, while the product and package code are assigned by the labeler.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.