

Blue Cross and Blue Shield of Minnesota Drug List Exclusions

Effective 1/1/19

Below is a list of medicines by drug category that may be excluded from coverage under your prescription drug benefit. In most cases, if you fill a prescription for any of the drugs listed under the Excluded Medications column, you will pay the full retail price. This list will be reviewed annually and is subject to change at any time.

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 one of the preferred alternatives.

Drug Category	Excluded Medications	Alternatives
ANDROGENS AND ANABOLIC STEROIDS	ANDRODERM; AXIRON**; EC-RX TESTOSTERONE; FIRST-TESTOSTERONE, FIRST-TESTOSTERONE MC; FORTESTA; NATESTO; STRIANT; TESTIM**; TESTOSTERONE 1% & 2% gel; TESTOSTERONE PUMP; VOGELXO, VOGELXO PUMP	testosterone gel 1%, 1.62% (generic for Androgel); testosterone transdermal solution 30 mg/actuation (generic for Axiron)
DOXYCYCLINE/ MINOCYCLINE	ACTICLATE**; AVIDOXY DK; BENZODOX; DORYX** tab 50 mg & 200 mg; DORYX MPC; DOXYCYCLINE 40 mg delayed-release; DOXYCYCLINE HYCLATE tab 50 mg; MINOCIN** caps; MINOLIRA; MONODOX**; MORGIDOX kit; NUTRIDOX; ORACEA; SOLODYN** 65 mg, 115 mg; SOLODYN 55 mg, 80 mg, 105 mg; TARGADOX; VIBRAMYCIN** caps; VIBRAMYCIN** suspension; VIBRAMYCIN syrup; XIMINO	Avidoxy 100 mg; Coremino, doxycycline hyclate caps, tabs; doxycycline hyclate delayed-release tabs; doxycycline monohydrate; minocycline caps, tabs; minocycline extended-release tabs; Mondoxyne NL; Morgidox caps, Okebo, Soloxide
GLUCOSE TEST STRIPS	All glucose test strip manufacturers (except Ascensia)* e.g. ACCU-CHEK; ADVANCE; ADVOCATE; ASSURE; CLEVER CHEK; EASY PLUS/MAX/TALK/TOUCH; EMBRACE; FORA; FREESTYLE; GLUCOCARD; ONETOUCH. OPTIUM; PRECISION; PRODIGY; RELION; RIGHTEST; TRUE METRIX; TRUETEST; TRUETRACK; UNISTRIP	ASCENSIA (e.g. BREEZE 2, CONTOUR NEXT, CONTOUR PLUS, etc)
GROWTH HORMONES	GENOTROPIN, GENOTROPIN MINIQUICK; HUMATROPE, HUMATROPE COMBO PACK; NORDITROPIN FLEXPEN; NUTROPIN AQ NUSPIN; SAIZEN, SAIZEN CLICK EASY, SAIZENPREP; SEROSTIM; ZOMACTON; ZORBTIVE	OMNITROPE
INSOMNIA	AMBIEN**, AMBIEN CR**, BELSOMRA; EDLUAR; INTERMEZZO**, LUNESTA**, ROZEREM; SILENOR; SONATA**, ZOLPIMIST	eszopiclone; zaleplon; zolpidem tartrate, zolpidem tartrate ER, zolpidem tartrate SL
SHORT-ACTING INSULINS (EXCLUSIVE NOVOLIN/NOVOLOG)	ADMELOG, ADMELOG SOLOSTAR; AFREZZA; APIDRA, APIDRA SOLOSTAR; HUMALOG, HUMALOG KWIKPEN, HUMALOG JR KWIKPEN, HUMALOG MIX 50/50, HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25, HUMALOG MIX 75/25 KWIKPEN, HUMULIN N, HUMULIN N KWIKPEN, HUMULIN R; HUMULIN 70/30, HUMULIN 70/30 KWIKPEN	FIASP, FIASP FLEXTOUCH; HUMULIN R U-500 (CONCENTRATE), HUMULIN R U-500 KWIKPEN; NOVOLIN N; NOVOLIN N RELION; NOVOLIN N U-100; NOVOLIN R; NOVOLIN R RELION; NOVOLIN 70/30; NOVOLIN 70/30 RELION; NOVOLOG; NOVOLOG FLEXPEN; NOVOLOG MIX 70/30; NOVOLOG MIX 70/30 FLEXPEN; NOVOLOG PENFILL; RELION R
NASAL STEROIDS	AZENASE; BECONASE AQ; FLONASE**, FLUNISOLIDE; NASONEX**, OMNARIS; PROPEL, PROPEL MINI; QNASL, QNASL CHILDRENS; RHINOCORT AQUA**, SINUVA; TICASPRAY; XHANCE; ZETONNA	fluticasone propionate; mometasone; triamcinolone acetonide

Generic Drugs = bold Brand Drugs = CAPITAL LETTERS ** = generic available

Drug Category	Excluded Medications	Alternatives
TOPICAL ANTI BIOTICS	ACANYA; ACZONE GEL 7.5%, ACZONE GEL** 5%; AKTIPAK; ALTRENO; AVAR PAD, AVAR FOAM 9.5-5%, AVAR LS, AVAR LS cleanser**, AVAR-E-LS**; AZELEX; BENZAQ AC**; BENZA CLIN**; BENZAMYCIN** gel; BENZEFOAM**, BENZEFOAM ULTRA**; BENZI Q, BENZI Q LS, BENZI Q WASH; BENZODOX; BENZOYL PEROXIDE GEL 6.5%; BENZOYL PEROXIDE 8%; BENZOLYL PEROXIDE FORTE- HC; BENZOYL PEROXIDE-HYDROCORTISONE LOTION 7.5-1%; BP CLEANSING WASH 10-4%; BP gel; BPO cloths; BPO gel 4% and 8%; CLEOCIN-T**; CLINDACIN ETZ, CLINDACIN PAC, CLINDAGEL; CLINDAMYCIN GEL 1%; CLINDAMYCIN/BENZOYL PEROXIDE GEL 1.2-2.5%; CLINOIN; DUAC**, ERYGEL**, EVOCLIN**, FINACEA foam; INOVA; KLARON**; METROCREAM**; METROGEL**; METROLOTION**; NEUAC kit; NORITATE; ONEXTON; PLEXION**, PLEXION CLEANSING CLOTHS; REZESOL ; RIAX; ROSADAN KIT; ;-SODIUM SULFACETAMIDE/SULFUR 10-5% emulsion or lotion, SODIUM SULFACETAMIDE/ SULFUR 10-5% suspension, SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA emulsion 10-5%; SSS 10-5; SUMADIN KIT**, SUMADAN WASH**, SUMADAN XLT**, SUMAXIN CP KIT, SUMAXIN** pad, SUMAXIN TS**, SUMAXIN WASH**; VANOXIDE-HC; VELTIN; ZACARE kit; ZA CLIR; ZIANA**	adapalene/benzoyl peroxide gel 0.1-2.5% , Clindacin-ETZ pledgets ; Clindacin-P; clindamycin phosphate 1% foam, gel, lotion, pad, soln, swab; clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%; clindamycin phosphate-benzoyl peroxide gel 1-5%; clindamycin phosphate- tretinoin 1.2-0.025% gel; dapsone gel ERY; erythromycin 2% gel, pads, soln; erythromycin/ benzoyl peroxide; FINACEA gel; metronidazole 0.75% cream, gel, lotion; metronidazole 1% gel; Neuac gel; Rosadan cream, gel sulfacetamide sodium 10% lotion
TOPICAL RETINOIDS	ADAPALENE lotion; ADAPALENE solution; ATRALIN**; DIFFERIN** cream, DIFFERIN** gel, DIFFERIN lotion; EPIDUO**, EPIDUO FORTE; FABIOR; PLIXDA; RETIN-A**, RETIN-A MICRO** 0.1%, RETIN-A MICRO PUMP** 0.1%, RETIN-A MICRO** 0.04%, RETIN-A MICRO 0.06%, RETIN-A MICRO PUMP** 0.04%, RETIN-A MICRO PUMP 0.08%; TAZORAC** cream 0.1%; TRETIN-X	adapalene cream, gel; Avita; TAZORAC cream 0.05%, TAZORAC gel; tretinoin cream 0.025% , 0.05% , 0.1% ; tretinoin gel 0.01% , 0.025% , 0.05% ; tretinoin microsphere gel 0.4% , 0.1%

^aNot a comprehensive list of all excluded glucose test strips

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>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကသိကိာ်ဒီး, တၢ်ကဟ့ၣ်နၢကိာ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
ဆဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າວ່າເຈົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníft'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béésh bee hodíílnih.