

Blue Cross and Blue Shield of Minnesota GenRx Formulary Updates



July 2021

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
ALINIA (nitazoxanide tab 500 mg)	Brand	Removal, generics available
betamethasone valerate lotion 0.1% (base equivalent)	Generic	Addition
CARBAGLU (carglumic acid tab 200 mg)	Brand	Addition
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Generic	Removal
COSELA (trilaciclib dihydrochloride for iv soln 300 mg)	Brand	Addition
CYCLOPHOSPHAMIDE (cyclophosphamide tab 25 mg)	Brand	Addition
CYCLOPHOSPHAMIDE (cyclophosphamide tab 50 mg)	Brand	Addition
desonide cream 0.05%	Generic	Addition, generic for DESOWEN and TRIDESILON
desoximetasone oint 0.25%	Generic	Addition, generic for TOPICORT
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Generic	Addition, generic for TRUVADA
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Generic	Addition, generic for TRUVADA
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Generic	Addition, generic for TRUVADA
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Generic	Addition, generic for TRUVADA
ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs))	Brand	Addition
fluocinolone acetonide oil 0.01% (body oil)	Generic	Addition, generic for DERMA-SMOOTH/FS BODY
fluocinonide oint 0.05%	Generic	Addition
FOTIVDA (tivozanib hcl cap 1340 mcg (base equivalent))	Brand	Addition
FOTIVDA (tivozanib hcl cap 890 mcg (base equivalent))	Brand	Addition
glucagon (rdna) for inj kit 1 mg	Generic	Addition, generic for GLUCAGON EMERGENCY KIT
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Brand	Removal, generics available
ICLUSIG (ponatinib hcl tab 10 mg (base equiv))	Brand	Addition
ICLUSIG (ponatinib hcl tab 30 mg (base equiv))	Brand	Addition
IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/ml)	Brand	Addition
JANSSEN COVID-19 VACCINE (covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml)	Brand	Addition
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4ml)	Brand	Addition
LATUDA (lurasidone hcl tab 120 mg)	Brand	Addition
LATUDA (lurasidone hcl tab 20 mg)	Brand	Addition
LATUDA (lurasidone hcl tab 40 mg)	Brand	Addition
LATUDA (lurasidone hcl tab 60 mg)	Brand	Addition
LATUDA (lurasidone hcl tab 80 mg)	Brand	Addition
MARGENZA (margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml))	Brand	Addition
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack)	Brand	Addition
naproxen tab ec 375 mg	Generic	Removal
naproxen tab ec 500 mg	Generic	Removal
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Brand	Addition
OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3ml))	Brand	Addition
PEPAXTO (melphalan flufenamide hcl for iv soln 20 mg)	Brand	Addition
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml)	Brand	Addition
PREDNICARBATE (prednicarbate oint 0.1%)	Brand	Addition
REDITREX (methotrexate soln prefilled syringe 10 mg/0.4ml)	Brand	Addition
REDITREX (methotrexate soln prefilled syringe 12.5 mg/0.5ml)	Brand	Addition
REDITREX (methotrexate soln prefilled syringe 15 mg/0.6ml)	Brand	Addition
REDITREX (methotrexate soln prefilled syringe 17.5 mg/0.7ml)	Brand	Addition

Continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
REDITREX (methotrexate soln prefilled syringe 20 mg/0.8ml)	Brand	Addition
REDITREX (methotrexate soln prefilled syringe 22.5 mg/0.9ml)	Brand	Addition
REDITREX (methotrexate soln prefilled syringe 25 mg/ml)	Brand	Addition
REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3ml)	Brand	Addition
SOLTAMOX (tamoxifen citrate oral soln 10 mg/5ml (base equivalent))	Brand	Addition
TEPMETKO (tepotinib hcl tab 225 mg)	Brand	Addition
THYQUIDITY (levothyroxine sodium oral solution 100 mcg/5ml)	Brand	Addition
TRAZIMERA (trastuzumab-qyyp for iv soln 150 mg)	Brand	Addition
triamcinolone acetonide oint 0.5%	Generic	Addition
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg)	Brand	Removal, generics available
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg)	Brand	Removal, generics available
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg)	Brand	Removal, generics available
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg)	Brand	Removal, generics available
UKONIQ (umbralisib tosylate tab 200 mg)	Brand	Addition
VIMPAT (lacosamide oral solution 10 mg/ml)	Brand	Addition
VIMPAT (lacosamide tab 100 mg)	Brand	Addition
VIMPAT (lacosamide tab 150 mg)	Brand	Addition
VIMPAT (lacosamide tab 200 mg)	Brand	Addition
VIMPAT (lacosamide tab 50 mg)	Brand	Addition
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Brand	Addition
XTANDI (enzalutamide tab 40 mg)	Brand	Addition
XTANDI (enzalutamide tab 80 mg)	Brand	Addition
ZOKINVY (lonafarnib cap 50 mg)	Brand	Addition
ZOKINVY (lonafarnib cap 75 mg)	Brand	Addition
ZYTIGA (abiraterone acetate tab 500 mg)	Brand	Removal, generics available

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.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, 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.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, 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.

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

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