

# Blue Cross and Blue Shield of Minnesota FlexRx Formulary Updates

January 2019

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
albendazole tab 200 mg	Generic	Addition, generic for ALBENZA
ALOXI (palonosetron hcl iv soln 0.25 mg/5ml (base equivalent))	Brand	Removal, generics available
ARSENIC TRIOXIDE (arsenic trioxide inj 10 mg/10ml (1 mg/ml))	Brand	Addition
AZEDRA DOSIMETRIC (iobenguane i 131 iv soln 15 mci/ml (555 mbq/ml))	Brand	Addition
AZEDRA THERAPEUTIC (iobenguane i 131 iv soln 15 mci/ml (555 mbq/ml))	Brand	Addition
betamethasone dipropionate lotion 0.05%	Generic	Addition
BILTRICIDE (praziquantel tab 600 mg)	Brand	Removal, generics available
CARAFATE (sucralfate susp 1 gm/10ml)	Brand	Removal
carmustine for inj 100 mg	Generic	Addition, generic for BICNU
CLEOCIN (clindamycin phosphate vaginal suppos 100 mg)	Brand	Removal
COPIKTRA (duvelisib cap 15 mg)	Brand	Addition
COPIKTRA (duvelisib cap 25 mg)	Brand	Addition
CYCLOPHOSPHAMIDE (cyclophosphamide cap 25 mg)	Brand	Removal, generics available
CYCLOPHOSPHAMIDE (cyclophosphamide cap 50 mg)	Brand	Removal, generics available
CYSTADANE (*betaine powder for oral solution***)	Brand	Addition
diclofenac sodium soln 1.5%	Generic	Addition
DOCETAXEL (docetaxel soln for iv infusion 160 mg/16ml)	Brand	Removal, generics available
DOCETAXEL (docetaxel soln for iv infusion 20 mg/2ml)	Brand	Removal, generics available
DOCETAXEL (docetaxel soln for iv infusion 80 mg/8ml)	Brand	Removal, generics available
econazole nitrate cream 1%	Generic	Addition
ENDOMETRIN (progesterone vaginal insert 100 mg)	Brand	Addition
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml)	Brand	Addition
GUARDIAN CONNECT TRANSMITTER (continuous blood glucose system transmitter)	Brand	Addition
hydrocortisone lotion 2.5%	Generic	Addition
KYPROLIS (carfilzomib for inj 10 mg)	Brand	Addition
LENVIMA 12MG DAILY DOSE (lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose))	Brand	Addition
LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy pack 4 mg (4 mg daily dose))	Brand	Addition
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	Generic	Addition, generic for LEVOLEUCOVIRIN
LIBTAYO (cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml))	Brand	Addition
LUMOXITI (moxetumomab pasudotox-tdfk for iv soln 1 mg)	Brand	Addition
MEPHYTON (phytonadione tab 5 mg)	Brand	Removal, generics available
mesalamine tab delayed release 800 mg	Generic	Addition, generic for ASACOL HD
metronidazole cap 375 mg	Generic	Removal
NEBUPENT (pentamidine isethionate for nebulization soln 300 mg)	Brand	Removal
nevirapine susp 50 mg/5ml	Generic	Addition, generic for VIRAMUNE
nitrofurantoin macrocrystalline cap 25 mg	Generic	Removal
NORVIR (ritonavir tab 100 mg)	Brand	Removal, generics available
NOVOLIN 70/30 FLEXPEN (insulin nph & regular susp pen-inj 100 unit/ml (70-30))	Brand	Addition
ORKAMBI (lumacaftor-ivacaftor granules packet 100-125 mg)	Brand	Addition
ORKAMBI (lumacaftor-ivacaftor granules packet 150-188 mg)	Brand	Addition
POTELIGEO (mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml))	Brand	Addition
PRALUENT (alirocumab subcutaneous soln pen-injector 150 mg/ml)	Brand	Removal
PRALUENT (alirocumab subcutaneous soln pen-injector 75 mg/ml)	Brand	Removal

continued

<b>TRADE NAME (generic name) or generic name</b>	<b>Brand/ Generic Product</b>	<b>Description of Change</b>
PRALUENT (alirocumab subcutaneous soln prefilled syringe 150 mg/ml)	Brand	Removal
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/ml)	Brand	Removal
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv))	Brand	Addition
PROMACTA (eltrombopag olamine tab 25 mg (base equiv))	Brand	Addition
PROMACTA (eltrombopag olamine tab 50 mg (base equiv))	Brand	Addition
PROMACTA (eltrombopag olamine tab 75 mg (base equiv))	Brand	Addition
RETACRIT (epoetin alfa-epbx inj 10000 unit/ml)	Brand	Addition
RETACRIT (epoetin alfa-epbx inj 2000 unit/ml)	Brand	Addition
RETACRIT (epoetin alfa-epbx inj 3000 unit/ml)	Brand	Addition
RETACRIT (epoetin alfa-epbx inj 4000 unit/ml)	Brand	Addition
RETACRIT (epoetin alfa-epbx inj 40000 unit/ml)	Brand	Addition
SYMTUZA (darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg)	Brand	Addition
tadalafil tab 10 mg	Generic	Addition, generic for CIALIS
tadalafil tab 2.5 mg	Generic	Addition, generic for CIALIS
tadalafil tab 20 mg	Generic	Addition, generic for CIALIS
tadalafil tab 20 mg (pah)	Generic	Addition, generic for ADCIRCA
tadalafil tab 5 mg	Generic	Addition, generic for CIALIS
temsirolimus soln for iv infusion 25 mg/ml	Generic	Addition, generic for TORISEL
testosterone td gel 20.25 mg/1.25gm (1.62%)	Generic	Addition, generic for ANDROGEL
testosterone td gel 20.25 mg/act (1.62%)	Generic	Addition, generic for ANDROGEL
testosterone td gel 40.5 mg/2.5gm (1.62%)	Generic	Addition, generic for ANDROGEL
TOPOTECAN HCL (topotecan hcl inj 4 mg/4ml (base equiv) (for infusion))	Brand	Removal, generics available
VIZIMPRO (dacomitinib tab 15 mg)	Brand	Addition
VIZIMPRO (dacomitinib tab 30 mg)	Brand	Addition
VIZIMPRO (dacomitinib tab 45 mg)	Brand	Addition
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	Brand	Removal, generics available
WELCHOL (colesevelam hcl tab 625 mg)	Brand	Removal, generics available

continued

**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](mailto: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.

နမ့်ကတိကညီကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. 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.

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

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