

Blue Cross and Blue Shield of Minnesota GenRx Formulary Updates



January 2020

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	Generic	Addition, generic for TRISENOX
ASPARLAS (calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml))	Brand	Addition
CONTINUOUS BLOOD GLUCOSE SYSTEM, SENSOR, and TRANSMITTER - MEDTRONIC Guardian Connect	Brand	Addition
doxycycline monohydrate cap 150 mg	Generic	Removal
EFFERVESCENT POTASSIUM/CHLORIDE (pot bicarbonate & chloride effer tab 25 meq)	Brand	Removal
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml)	Brand	Addition
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	Generic	Addition, generic for EPIPEN-JR
EXJADE (deferasirox tab for oral susp 125 mg)	Brand	Removal, generics available
EXJADE (deferasirox tab for oral susp 250 mg)	Brand	Removal, generics available
EXJADE (deferasirox tab for oral susp 500 mg)	Brand	Removal, generics available
FASLODEX (fulvestrant inj 250 mg/5ml)	Brand	Removal, generics available
FIASP PENFILL (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Brand	Addition
fosaprepitant dimeglumine for iv infusion 150 mg (base eq)	Generic	Addition, generic for EMEND
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Brand	Addition
homatropine hbr ophth soln 5%	Generic	Removal
hydrocortisone acetate suppos 25 mg	Generic	Addition
icatibant acetate inj 30 mg/3ml (base equivalent)	Generic	Addition, generic for FIRAZYR
INREBIC (fedratinib hcl cap 100 mg)	Brand	Addition
INSULIN PUMP and SUPPLIES - MEDTRONIC MINIMED 670G	Brand	Addition
KANJINTI (trastuzumab-anns for iv soln 420 mg)	Brand	Addition
LETAIRIS (ambrisentan tab 10 mg)	Brand	Removal, generics available
LETAIRIS (ambrisentan tab 5 mg)	Brand	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (10 tabs))	Brand	Addition
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs))	Brand	Addition
MAVENCLAD (cladribine tab therapy pack 10 mg (5 tabs))	Brand	Addition
MAVENCLAD (cladribine tab therapy pack 10 mg (6 tabs))	Brand	Addition
MAVENCLAD (cladribine tab therapy pack 10 mg (7 tabs))	Brand	Addition
MAVENCLAD (cladribine tab therapy pack 10 mg (8 tabs))	Brand	Addition
MAVENCLAD (cladribine tab therapy pack 10 mg (9 tabs))	Brand	Addition
MESTINON (pyridostigmine bromide syrup 60 mg/5ml)	Brand	Removal, generics available
MORPHINE SULFATE (morphine sulfate suppos 10 mg)	Brand	Removal
MORPHINE SULFATE (morphine sulfate suppos 20 mg)	Brand	Removal
MORPHINE SULFATE (morphine sulfate suppos 30 mg)	Brand	Removal
MORPHINE SULFATE (morphine sulfate suppos 5 mg)	Brand	Removal
morphine sulfate tab 15 mg	Generic	Addition, generic for MORPHINE SULFATE
morphine sulfate tab 30 mg	Generic	Addition, generic for MORPHINE SULFATE
MVASI (bevacizumab-awwb iv soln 100 mg/4ml (for infusion))	Brand	Addition
MVASI (bevacizumab-awwb iv soln 400 mg/16ml (for infusion))	Brand	Addition
nitisinone cap 10 mg	Generic	Addition, generic for ORAFADIN

continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
nitisinone cap 2 mg	Generic	Addition, generic for ORAFADIN
nitisinone cap 5 mg	Generic	Addition, generic for ORAFADIN
NORDITROPIN FLEXPPO (somatropin inj 10 mg/1.5ml)	Brand	Addition
NORDITROPIN FLEXPPO (somatropin inj 15 mg/1.5ml)	Brand	Addition
NORDITROPIN FLEXPPO (somatropin inj 30 mg/3ml)	Brand	Addition
NORDITROPIN FLEXPPO (somatropin inj 5 mg/1.5ml)	Brand	Addition
NUBEQA (darolutamide tab 300 mg)	Brand	Addition
OMNITROPE (somatropin for inj 5.8 mg)	Brand	Removal
OMNITROPE (somatropin inj 10 mg/1.5ml)	Brand	Removal
OMNITROPE (somatropin inj 5 mg/1.5ml)	Brand	Removal
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	Generic	Removal
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	Generic	Removal
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	Generic	Removal
pediatric multiple vitamins w/ fluoride chew tab 1 mg	Generic	Removal
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml	Generic	Removal
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml	Generic	Removal
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	Generic	Removal
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	Generic	Removal
posaconazole tab delayed release 100 mg	Generic	Addition, generic for NOXAFIL
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	Generic	Removal
pot bicarbonate & chloride effer tab 25 meq	Generic	Removal
potassium citrate & citric acid powder pack 3300-1002 mg	Generic	Removal
potassium citrate & citric acid soln 1100-334 mg/5ml	Generic	Removal
pregabalin cap 100 mg	Generic	Addition, generic for LYRICA
pregabalin cap 150 mg	Generic	Addition, generic for LYRICA
pregabalin cap 200 mg	Generic	Addition, generic for LYRICA
pregabalin cap 225 mg	Generic	Addition, generic for LYRICA
pregabalin cap 25 mg	Generic	Addition, generic for LYRICA
pregabalin cap 300 mg	Generic	Addition, generic for LYRICA
pregabalin cap 50 mg	Generic	Addition, generic for LYRICA
pregabalin cap 75 mg	Generic	Addition, generic for LYRICA
pregabalin soln 20 mg/ml	Generic	Addition, generic for LYRICA
PROGLYCEM (diazoxide susp 50 mg/ml)	Brand	Addition
REPATHA (evolocumab subcutaneous soln prefilled syringe 140 mg/ml) - NDC beginning 55513 is being removed, NDC beginning with 72511 will remain on formulary	Brand	Removal
REPATHA PUSHTRONEX SYSTEM (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml) - NDC beginning 55513 is being removed, NDC beginning with 72511 will remain on formulary	Brand	Removal
REPATHA SURECLICK (evolocumab subcutaneous soln auto-injector 140 mg/ml) - NDCs beginning 55513 are being removed, NDCs beginning with 72511 will remain on formulary	Brand	Removal
RINVOQ (upadacitinib tab er 24hr 15 mg)	Brand	Addition
ROZLYTREK (entrectinib cap 100 mg)	Brand	Addition
ROZLYTREK (entrectinib cap 200 mg)	Brand	Addition
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Brand	Removal, generics available
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Brand	Removal, generics available
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Brand	Removal, generics available
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Brand	Removal
SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5ml)	Brand	Removal
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Brand	Removal
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml)	Brand	Removal
SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	Brand	Addition
SOVALDI (sofosbuvir tab 200 mg)	Brand	Addition
SSS 10-5 (sulfacetamide sodium w/ sulfur foam 10-5%)	Brand	Removal

continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))	Brand	Removal, generics available
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv))	Brand	Removal, generics available
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv))	Brand	Removal, generics available
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv))	Brand	Removal, generics available
SUNOSI (solriamfetol hcl tab 150 mg (base equiv))	Brand	Addition
SUNOSI (solriamfetol hcl tab 75 mg (base equiv))	Brand	Addition
SYMPROIC (naldemedine tosylate tab 0.2 mg (base equivalent))	Brand	Addition
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Brand	Removal, generics available
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Brand	Removal, generics available
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Brand	Removal, generics available
TRACLEER (bosentan tab 125 mg)	Brand	Removal, generics available
TRACLEER (bosentan tab 62.5 mg)	Brand	Removal, generics available
TRULANCE (plecanatide tab 3 mg)	Brand	Addition
TURALIO (pexidartinib hcl cap 200 mg (base equivalent))	Brand	Addition
VALSTAR (valrubicin soln for intravesical instillation 40 mg/ml)	Brand	Removal, generics available
VYNDAMAX (tafamidis cap 61 mg)	Brand	Addition
VYNDAQEL (tafamidis meglumine (cardiac) cap 20 mg)	Brand	Addition
XPOVIO 100 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (100 mg once weekly))	Brand	Addition
XPOVIO 60 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (60 mg once weekly))	Brand	Addition
XPOVIO 80 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (80 mg once weekly))	Brand	Addition
XPOVIO 80 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (80 mg twice weekly))	Brand	Addition
XULTOPHY 100/3.6 (insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml)	Brand	Addition

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.