

Blue Cross and Blue Shield of Minnesota FlexRx Formulary Updates

January 2021

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
BLNREP (belantamab mafodotin-blmf for iv soln 100 mg)	Brand	Addition
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	Brand	Addition
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Brand	Addition
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Generic	Addition, generic for CIPRODEX
CORIFACT (factor xiii concentrate (human) for inj kit 1000-1600 unit)	Brand	Addition
CORLANOR (ivabradine hcl oral soln 5 mg/5ml (base equiv))	Brand	Addition
CORLANOR (ivabradine hcl tab 5 mg (base equiv))	Brand	Addition
CORLANOR (ivabradine hcl tab 7.5 mg (base equiv))	Brand	Addition
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 1 gm/5ml (200 mg/ml))	Brand	Addition
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml))	Brand	Addition
deferasirox granules packet 180 mg	Generic	Addition, generic for JADENU SPRINKLE
deferasirox granules packet 360 mg	Generic	Addition, generic for JADENU SPRINKLE
deferasirox granules packet 90 mg	Generic	Addition, generic for JADENU SPRINKLE
diclofenac sodium gel 1%	Generic	Removal
diclofenac sodium tab er 24hr 100 mg	Generic	Removal
dimethyl fumarate capsule delayed release 120 mg	Generic	Addition, generic for TECFIDERA
dimethyl fumarate capsule delayed release 240 mg	Generic	Addition, generic for TECFIDERA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	Generic	Addition, generic for TECFIDERA STARTER PACK
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Generic	Addition, generic for ATRIPLA
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Generic	Addition, generic for SYMFI LO
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Generic	Addition, generic for SYMFI
emtricitabine caps 200 mg	Generic	Addition, generic for EMTRIVA
ENBREL (etanercept subcutaneous inj 25 mg/0.5ml)	Brand	Addition
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 1000 unit)	Brand	Addition
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 1500 unit)	Brand	Addition
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 2000 unit)	Brand	Addition
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 3000 unit)	Brand	Addition
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit)	Brand	Addition
FARXIGA (dapagliflozin propanediol tab 10 mg (base equivalent))	Brand	Addition
FARXIGA (dapagliflozin propanediol tab 5 mg (base equivalent))	Brand	Addition
GAVRETO (pralsetinib cap 100 mg)	Brand	Addition
INQOVI (decitabine-cedazuridine tab 35-100 mg)	Brand	Addition
JELMYTO (mitomycin for pyelocalyceal soln 40 mg)	Brand	Removal
JIVI (antihemophilic factor recom pegylated-aucl for inj 1000 unit)	Brand	Addition
JIVI (antihemophilic factor recom pegylated-aucl for inj 2000 unit)	Brand	Addition
JIVI (antihemophilic factor recom pegylated-aucl for inj 3000 unit)	Brand	Addition
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit)	Brand	Addition
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg)	Brand	Removal
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 5-1000 mg)	Brand	Removal
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 5-500 mg)	Brand	Removal

continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
KYNMOBI (apomorphine hydrochloride film 10 mg)	Brand	Addition
KYNMOBI (apomorphine hydrochloride film 15 mg)	Brand	Addition
KYNMOBI (apomorphine hydrochloride film 20 mg)	Brand	Addition
KYNMOBI (apomorphine hydrochloride film 25 mg)	Brand	Addition
KYNMOBI (apomorphine hydrochloride film 30 mg)	Brand	Addition
lapatinib ditosylate tab 250 mg (base equiv)	Generic	Addition, generic for TYKERB
MONJUVI (tafasitamab-cxix for iv soln 200 mg)	Brand	Addition
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Brand	Addition
olopatadine hcl ophth soln 0.1% (base equivalent)	Generic	Removal
ONGLYZA (saxagliptin hcl tab 2.5 mg (base equiv))	Brand	Removal
ONGLYZA (saxagliptin hcl tab 5 mg (base equiv))	Brand	Removal
ONUREG (azacitidine tab 200 mg)	Brand	Addition
ONUREG (azacitidine tab 300 mg)	Brand	Addition
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack)	Brand	Addition
OXALIPLATIN (oxaliplatin iv soln 200 mg/40ml)	Brand	Addition
PACLITAXEL (paclitaxel iv conc 100 mg/16.67ml (6 mg/ml))	Brand	Addition
PARAPLATIN (carboplatin iv soln 1000 mg/100ml)	Brand	Addition
POLIVY (polatuzumab vedotin-piiq for iv solution 30 mg)	Brand	Addition
PROAIR RESPICLICK (albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv))	Brand	Removal
TECFIDERA (dimethyl fumarate capsule delayed release 120 mg)	Brand	Removal, generics available
TECFIDERA (dimethyl fumarate capsule delayed release 240 mg)	Brand	Removal, generics available
TECFIDERA STARTER PACK (dimethyl fumarate capsule dr starter pack 120 mg & 240 mg)	Brand	Removal, generics available
TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	Brand	Addition
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg)	Brand	Addition
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg)	Brand	Addition
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg)	Brand	Addition
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg)	Brand	Addition
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5ml)	Brand	Addition
TRULICITY (dulaglutide soln pen-injector 4.5 mg/0.5ml)	Brand	Addition
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Brand	Removal
VUMERITY (diroximel fumarate capsule dr starter bottle 231 mg)	Brand	Removal
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 10-1000 mg)	Brand	Addition
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 10-500 mg)	Brand	Addition
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg)	Brand	Addition
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 5-1000 mg)	Brand	Addition
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 5-500 mg)	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.