

Blue Cross and Blue Shield of Minnesota GenRx Formulary Updates

July 2020

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml)	Brand	Addition
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml)	Brand	Addition
AFINITOR (everolimus tab 2.5 mg)	Brand	Removal, generics available
AFINITOR (everolimus tab 5 mg)	Brand	Removal, generics available
AFINITOR (everolimus tab 7.5 mg)	Brand	Removal, generics available
AYVAKIT (avapritinib tab 100 mg)	Brand	Addition
AYVAKIT (avapritinib tab 200 mg)	Brand	Addition
AYVAKIT (avapritinib tab 300 mg)	Brand	Addition
CIPRO (ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml))	Brand	Addition
DAUNORUBICIN HYDROCHLORIDE (daunorubicin hcl iv soln 20 mg/4ml (base equiv))	Brand	Removal, generics available
deferasirox tab 180 mg	Generic	Addition, generic for JADENU
DEPEN TITRATABS (penicillamine tab 250 mg)	Brand	Removal, generics available
diazoxide susp 50 mg/ml	Generic	Addition, generic for PROGLYCEM
DUAVEE (conjugated estrogens-bazedoxifene tab 0.45-20 mg)	Brand	Addition
EMEND (fosoprepitant dimeglumine for iv infusion 150 mg (base eq))	Brand	Removal, generics available
everolimus tab 0.25 mg	Generic	Addition, generic for ZORTRESS
everolimus tab 0.5 mg	Generic	Addition, generic for ZORTRESS
everolimus tab 0.75 mg	Generic	Addition, generic for ZORTRESS
famotidine for susp 40 mg/5ml	Generic	Addition
FIRAZYR (icatibant acetate inj 30 mg/3ml (base equivalent))	Brand	Removal, generics available
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon hcl for inj 1 mg)	Brand	Addition
GVOKE HYPOPEN (glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml)	Brand	Addition
GVOKE HYPOPEN (glucagon subcutaneous solution auto-injector 1 mg/0.2ml)	Brand	Addition
HERZUMA (trastuzumab-pkrb for iv soln 150 mg)	Brand	Addition
HERZUMA (trastuzumab-pkrb for iv soln 420 mg)	Brand	Addition
IBRANCE (palbociclib tab 100 mg)	Brand	Addition
IBRANCE (palbociclib tab 125 mg)	Brand	Addition
IBRANCE (palbociclib tab 75 mg)	Brand	Addition
JADENU (deferasirox tab 360 mg)	Brand	Removal, generics available
JADENU (deferasirox tab 90 mg)	Brand	Removal, generics available
KOSELUGO (selumetinib sulfate cap 10 mg)	Brand	Addition
KOSELUGO (selumetinib sulfate cap 25 mg)	Brand	Addition
LOKELMA (sodium zirconium cyclosilicate for susp packet 10 gm)	Brand	Addition
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm)	Brand	Addition
ONTRUZANT (trastuzumab-dttb for iv soln 150 mg)	Brand	Addition
ONTRUZANT (trastuzumab-dttb for iv soln 420 mg)	Brand	Addition
ORFADIN (nitisinone cap 10 mg)	Brand	Removal, generics available
ORFADIN (nitisinone cap 2 mg)	Brand	Removal, generics available
ORFADIN (nitisinone cap 5 mg)	Brand	Removal, generics available
PEMAZYRE (pemigatinib tab 13.5 mg)	Brand	Addition
PEMAZYRE (pemigatinib tab 4.5 mg)	Brand	Addition
PEMAZYRE (pemigatinib tab 9 mg)	Brand	Addition
PROMACTA (eltrombopag olamine powder pack for susp 25 mg (base equiv))	Brand	Addition
pyrimethamine tab 25 mg	Generic	Addition, generic for DARAPRIM

continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
ROMIDEPSIN (romidepsin iv soln 27.5 mg/5.5ml (5 mg/ml))	Brand	Addition
RUXIENCE (rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml))	Brand	Addition
RUXIENCE (rituximab-pvvr iv soln 500 mg/50ml (10 mg/ml))	Brand	Addition
SARCLISA (isatuximab-irfc iv soln 100 mg/5ml)	Brand	Addition
SARCLISA (isatuximab-irfc iv soln 500 mg/25ml)	Brand	Addition
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Brand	Addition
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Brand	Addition
sodium chloride soln nebu 3%	Generic	Addition
sodium chloride soln nebu 7%	Generic	Addition, generic for HYPERSAL
STRONTIUM CHLORIDE SR-89 (strontium-89 chloride inj 1 mci/ml)	Brand	Addition
TAZVERIK (tazemetostat hbr tab 200 mg)	Brand	Addition
thiotepa for inj 100 mg	Generic	Addition, generic for TEPADINA
TRAZIMERA (trastuzumab-qyyp for iv soln 420 mg)	Brand	Addition
TRISENOX (arsenic trioxide iv soln 12 mg/6ml (2 mg/ml))	Brand	Removal, generics available
TRODELVY (sacituzumab govitecan-hziy for iv soln 180 mg)	Brand	Addition
TUKYSA (tucatinib tab 150 mg)	Brand	Addition
TUKYSA (tucatinib tab 50 mg)	Brand	Addition
VERELAN PM (verapamil hcl cap er 24hr 200 mg)	Brand	Addition
VUMERITY (dioximel fumarate capsule delayed release 231 mg)	Brand	Addition
VUMERITY (dioximel fumarate capsule dr starter bottle 231 mg)	Brand	Addition
XELJANZ (tofacitinib citrate tab 10 mg (base equivalent))	Brand	Addition
XELJANZ (tofacitinib citrate tab 5 mg (base equivalent))	Brand	Addition
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg (base equivalent))	Brand	Addition
XELJANZ XR (tofacitinib citrate tab er 24hr 22 mg (base equivalent))	Brand	Addition
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml)	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.

နမ့်ကတိကညီကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိန်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. 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, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃ້ເຈົ້າພຣີ. 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.