

Blue Cross and Blue Shield of Minnesota GenRx Formulary Updates



October 2018

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
ALFERON N (interferon alfa-n3 inj 5000000 unit/ml)	Brand	Removal
ALINIA (nitazoxanide for susp 100 mg/5ml)	Brand	Addition
ALINIA (nitazoxanide tab 500 mg)	Brand	Addition
ARCALYST (rilonacept for inj 220 mg)	Brand	Addition
ARNUITY ELLIPTA (fluticasone furoate aerosol powder breath activ 50 mcg/act)	Brand	Addition
BENDAMUSTINE HYDROCHLORIDE (bendamustine hcl iv soln 100 mg/4ml (25 mg/ml))	Brand	Addition
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg)	Brand	Addition
BRAFTOVI (encorafenib cap 50 mg)	Brand	Addition
BRAFTOVI (encorafenib cap 75 mg)	Brand	Addition
CIMDUO (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Brand	Addition
CIPRO (ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml))	Brand	Addition
colestipol hcl granules 5 gm	Generic	Addition, generic for COLESTID
cyclophosphamide cap 25 mg	Generic	Addition, generic for CYCLOPHOSPHAMIDE
cyclophosphamide cap 50 mg	Generic	Addition, generic for CYCLOPHOSPHAMIDE
CYCLOSPORINE MODIFIED (cyclosporine modified cap 50 mg)	Brand	Addition
DAUNORUBICIN HYDROCHLORIDE (daunorubicin hcl iv soln 20 mg/4ml (base equiv))	Brand	Addition
DAUNORUBICIN HYDROCHLORIDE (daunorubicin hcl iv soln 50 mg/10ml (base equiv))	Brand	Addition
DIGOXIN (digoxin oral soln 0.05 mg/ml)	Brand	Removal
docetaxel soln for iv infusion 160 mg/16ml	Generic	Addition, generic for DOCETAXEL
docetaxel soln for iv infusion 20 mg/2ml	Generic	Addition, generic for DOCETAXEL
docetaxel soln for iv infusion 80 mg/8ml	Generic	Addition, generic for DOCETAXEL
ELIQUIS (apixaban tab 2.5 mg)	Brand	Addition
ELIQUIS (apixaban tab 5 mg)	Brand	Addition
ELIQUIS STARTER PACK (apixaban tab 5 mg)	Brand	Addition
esomeprazole magnesium cap delayed release 20 mg (base eq)	Generic	Addition, generic for NEXIUM
esomeprazole magnesium cap delayed release 40 mg (base eq)	Generic	Addition, generic for NEXIUM
ESTRACE (estradiol vaginal cream 0.1 mg/gm)	Brand	Removal, generics available
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Generic	Addition
EXJADE (deferasirox tab for oral susp 125 mg)	Brand	Addition
EXJADE (deferasirox tab for oral susp 250 mg)	Brand	Addition
EXJADE (deferasirox tab for oral susp 500 mg)	Brand	Addition
ezetimibe tab 10 mg	Generic	Addition, generic for ZETIA
ezetimibe-simvastatin tab 10-10 mg	Generic	Addition, generic for VYTORIN
ezetimibe-simvastatin tab 10-20 mg	Generic	Addition, generic for VYTORIN
ezetimibe-simvastatin tab 10-40 mg	Generic	Addition, generic for VYTORIN
ezetimibe-simvastatin tab 10-80 mg	Generic	Addition, generic for VYTORIN
gatifloxacin ophth soln 0.5%	Generic	Removal
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg)	Brand	Addition
GLYXAMBI (empagliflozin-linagliptin tab 25-5 mg)	Brand	Addition
HEMLIBRA (emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml))	Brand	Addition
HEMLIBRA (emicizumab-kxwh subcutaneous soln 150 mg/ml)	Brand	Addition
HEMLIBRA (emicizumab-kxwh subcutaneous soln 30 mg/ml)	Brand	Addition

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HEMLIBRA (emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml))	Brand	Addition
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1ml)	Brand	Addition
HUMIRA (adalimumab prefilled syringe kit 20 mg/0.2ml)	Brand	Addition
HUMIRA (adalimumab prefilled syringe kit 40 mg/0.4ml)	Brand	Addition
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK (adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml)	Brand	Addition
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK (adalimumab prefilled syringe kit 80 mg/0.8ml)	Brand	Addition
HUMIRA PEN (adalimumab pen-injector kit 40 mg/0.4ml)	Brand	Addition
HUMIRA PEN-CD/UC/HS STARTER (adalimumab pen-injector kit 80 mg/0.8ml)	Brand	Addition
HUMIRA PEN-PS/UV STARTER (adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml)	Brand	Addition
IDELVION (coagulation factor ix (recomb) (rix-fp) for inj 3500 unit)	Brand	Addition
IMBRUVICA (ibrutinib cap 70 mg)	Brand	Addition
IMBRUVICA (ibrutinib tab 140 mg)	Brand	Addition
IMBRUVICA (ibrutinib tab 280 mg)	Brand	Addition
IMBRUVICA (ibrutinib tab 420 mg)	Brand	Addition
IMBRUVICA (ibrutinib tab 560 mg)	Brand	Addition
isosorbide dinitrate tab 30 mg	Generic	Addition
JADENU (deferasirox tab 180 mg)	Brand	Addition
JADENU (deferasirox tab 360 mg)	Brand	Addition
JADENU (deferasirox tab 90 mg)	Brand	Addition
JADENU SPRINKLE (deferasirox granules packet 180 mg)	Brand	Addition
JADENU SPRINKLE (deferasirox granules packet 360 mg)	Brand	Addition
JADENU SPRINKLE (deferasirox granules packet 90 mg)	Brand	Addition
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg)	Brand	Addition
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 5-1000 mg)	Brand	Addition
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 5-500 mg)	Brand	Addition
lamivudine tab 100 mg (hbv)	Generic	Addition, generic for EPIVIR HPV
MEKTOVI (binimetinib tab 15 mg)	Brand	Addition
moxifloxacin hcl ophth soln 0.5% (base equiv)	Generic	Addition, generic for VIGAMOX
nimodipine cap 30 mg	Generic	Addition
NORVIR (ritonavir powder packet 100 mg)	Brand	Addition
olopatadine hcl ophth soln 0.1% (base equivalent)	Generic	Addition, generic for PATANOL
ONGLYZA (saxagliptin hcl tab 2.5 mg (base equiv))	Brand	Addition
ONGLYZA (saxagliptin hcl tab 5 mg (base equiv))	Brand	Addition
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	Generic	Addition, generic for ALOXI
phytonadione tab 5 mg	Generic	Addition, generic for MEPHYTON
praziquantel tab 600 mg	Generic	Addition, generic for BILTRICIDE
REBINYN (coagulation factor ix recomb glycopegylated for inj 1000 unt)	Brand	Addition
REBINYN (coagulation factor ix recomb glycopegylated for inj 2000 unt)	Brand	Addition
REBINYN (coagulation factor ix recomb glycopegylated for inj 500 unt)	Brand	Addition
ritonavir tab 100 mg	Generic	Addition, generic for NORVIR
sevelamer carbonate packet 0.8 gm	Generic	Addition, generic for RENVELA
sevelamer carbonate packet 2.4 gm	Generic	Addition, generic for RENVELA
sevelamer carbonate tab 800 mg	Generic	Addition, generic for RENVELA
SUSTIVA (efavirenz tab 600 mg)	Brand	Removal, generics available
SYMDEKO (tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk)	Brand	Addition
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	Brand	Addition
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Brand	Addition
TASIGNA (nilotinib hcl cap 50 mg (base equivalent))	Brand	Addition
TIBSOVO (ivosidenib tab 250 mg)	Brand	Addition
topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)	Generic	Addition, generic for TOPOTECAN

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
TRULICITY (dulaglutide soln pen-injector 0.75 mg/0.5ml)	Brand	Addition
TRULICITY (dulaglutide soln pen-injector 1.5 mg/0.5ml)	Brand	Addition
YONSA (abiraterone acetate tab 125 mg)	Brand	Addition
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit)	Brand	Addition
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit)	Brand	Addition
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit)	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.

နမ့်ကတိကညိကိာ်ဒီး, တၢ်ကဟ့ၣ်နၢကိာ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
ဆဂီၢ်, 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, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ລ່າລັບ. 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 yáníft'i'go saad bee yát'i' éi t'áájíik'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.