Blue Cross and Blue Shield of

Minnesota FlexRx Formulary Updates

July 2025

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
ADALIMUMAB-AATY CD/UC/HSSTARTER (adalimumab-aaty auto-injector kit 80 mg/0.8ml)	Brand	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 80 mg/0.8ml)	Brand	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1ml)	Brand	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2ml)	Brand	Addition
ATTRUBY (acoramidis hcl tab pack 356 mg (712 mg twice daily))	Brand	Addition
DATROWAY (datopotamab deruxtecan-dlnk for iv soln 100 mg)	Brand	Addition
EBGLYSS (lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml)	Brand	Addition
EBGLYSS (lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml)	Brand	Addition
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	Brand	Addition
FRINDOVYX (cyclophosphamide iv soln 1 gm/2ml (500 mg/ml))	Brand	Addition
FRINDOVYX (cyclophosphamide iv soln 2 gm/4ml (500 mg/ml))	Brand	Addition
FRINDOVYX (cyclophosphamide iv soln 500 mg/ml)	Brand	Addition
GOMEKLI (mirdametinib cap 1 mg)	Brand	Addition
GOMEKLI (mirdametinib cap 2 mg)	Brand	Addition
GOMEKLI (mirdametinib tab for oral susp 1 mg)	Brand	Addition
GRAFAPEX (treosulfan for inj 1 gm)	Brand	Addition
GRAFAPEX (treosulfan for inj 5 gm)	Brand	Addition
IVRA (melphalan hcl iv soln 90 mg/ml (base equiv))	Brand	Addition
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	Generic	Addition, generic for PURIXAN
MESNEX (mesna tab 400 mg)	Brand	Removal, generics available
METHOTREXATE SODIUM (methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml))	Brand	Removal, generics available
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5ml)	Brand	Removal, generics available
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	Brand	Addition
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg)	Brand	Removal, generics available
NEXIUM (esomeprazole magnesium for delayed release susp packet 5 mg)	Brand	Removal, generics available
octreotide acetate for im inj kit 10 mg	Generic	Removal, covered under medical benefit
octreotide acetate for im inj kit 20 mg	Generic	Removal, covered under medical benefit
octreotide acetate for im inj kit 30 mg	Generic	Removal, covered under medical benefit
PAXLOVID (nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak)	Brand	Addition
REVUFORJ (revumenib citrate tab 25 mg)	Brand	Addition
rivaroxaban tab 2.5 mg	Generic	Addition, generic for XARELTO
ROMVIMZA (vimseltinib cap 14 mg)	Brand	Addition
ROMVIMZA (vimseltinib cap 20 mg)	Brand	Addition
ROMVIMZA (vimseltinib cap 30 mg)	Brand	Addition
SANDOSTATIN LAR DEPOT (octreotide acetate for im inj kit 10 mg)	Brand	Removal, covered under medical benefit

Continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml)	Brand	Addition
SELARSDI (ustekinumab-aekn soln prefilled syringe 90 mg/ml)	Brand	Addition
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml)	Brand	Addition
SIMLANDI (adalimumab-ryvk prefilled syringe kit 80 mg/0.8ml)	Brand	Addition
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 80 mg/0.8ml)	Brand	Addition
SOMAVERT (pegvisomant for inj 10 mg (as protein))	Brand	Removal
SOMAVERT (pegvisomant for inj 15 mg (as protein))	Brand	Removal
SOMAVERT (pegvisomant for inj 20 mg (as protein))	Brand	Removal
SOMAVERT (pegvisomant for inj 25 mg (as protein))	Brand	Removal
SOMAVERT (pegvisomant for inj 30 mg (as protein))	Brand	Removal
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5ml)	Brand	Addition
STEQEYMA (ustekinumab-stba soln prefilled syringe 90 mg/ml)	Brand	Addition
ticagrelor tab 90 mg	Generic	Addition, generic for BRILINTA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE (guselkumab soln auto-injector 200 mg/2ml)	Brand	Addition
TREMFYA PEN (guselkumab soln auto-injector 100 mg/ml)	Brand	Addition
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Brand	Removal
VYLOY (zolbetuximab-clzb for iv soln 300 mg)	Brand	Addition
XPOVIO (selinexor tab therapy pack 10 mg (40 mg once weekly))	Brand	Addition
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml)	Brand	Addition
YESINTEK (ustekinumab-kfce soln prefilled syringe 90 mg/ml)	Brand	Addition
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5ml)	Brand	Addition

Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

Need these services? Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

Email: Civil.Rights.Coord@bluecrossmn.com
Telephone: 1-800-509-5312
Mail: Blue Cross and Blue Shield of Minnesota
ATTN: Civil Rights Coordinator P3-2
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at bluecrossmn.com/NDL, or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- by mail at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

M09163 (8/24)

ENGLISH
ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).

廣東話 (Cantonese – Traditional Chinese)
請注意：如果您說 廣東話 您可要求免費語言協助服務。
如果您有視力、聽力或言語障礙,
我們會以最適合您的方式與您溝通
這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。

ESPAÑOL (Spanish)
ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).

العربية (Arabic)
تنبيه: إذا كنت تتحدث العربية، يمكنك الحصول على خدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم 1-855-903-2583 (الهاتف النصي 711).

አማርኛ (Amharic)
ትኩረት ይሰጥ፦ አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀምን፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።

FRANÇAIS (French)
ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).

LUS HMOOB (Hmong)
LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntawv luam tawm ua tus ntawv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).

SOOMALI (Somali)
XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luuqada dhegoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).

ខ្មែរ (Khmer)
ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាស្រ័យទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពល្អបំផុតសម្រាប់អ្នក។ ការប្រាស្រ័យទាក់ទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្តាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។

한국어 (Korean)
주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다.
1-855-903-2583 (TTY 711)번으로 전화하십시오.

M09164 (8/24)

ကညီကျိ် (Karen)
ဟ်သူဉ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိ် နၣ်,
နဃ့ကျိ်ဂ့ၢ်ဝီတၢ်တိစၢၤမၤစၢၤလၢတလၫ်ဘူးလဲ သ့နၣ်လီၤ.
နမ့ၢ်အိဉ်ဒီးတၢ်တလၢတပ့ၤလၢ မဲာ်တၢ်ထံဉ်, တၢ်နၢ်ဟူ, မ့တမ့ၢ်
တၢ်စံးကတိၤတၢ်နၣ် ပဆဲးကျၢဆဲးကျိုးတၢ်လၢ
ကျဲကဲထိဉ်လိာ်ထိဉ်အဂ့ၤကတၢ်လၢနဂီၢ်သ့နၣ်လီၤ. တၢ်အံၤ
ပဉ်ဃုာ်ဒီး တၢ်စူးကါ နီၢ်ခိက့ၢ်ဂီၤကျိ်အပှၤကျိ်ထံတၢ်တဖဉ်,
တၢ်ဟ့ဉ်လံာ်လံၤ်တဖဉ်လၢ အလံာ်ဖျၢဉ်ဖးဒိဉ်, မ့တမ့ၢ်
ပှၤမဲာ်ဘျိဉ်အလံာ်, တၢ်ကလုၢ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂုၤဂၤတဖဉ်
လၢတလၫ်အဘူးလဲနၣ်လီၤ. ကိးလီတဲစိဆူ 1-855-903-2583
(TTY 711) တက့ၢ်.

မြန်မာဘာသာ (Burmese)
သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက၊ အခမဲ့
ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို တောင်းဆိုနိုင်ပါသည်။
သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ သို့မဟုတ် စကားပြောခြင်း
ချို့ယွင်းမှုရှိနေပါက သင့်အတွက် အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့်
ကျွန်ုပ်တို့ထံသို့ ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင်
လက်ဟန်ပြဘာသာစကား စကားပြန်များကို အသုံးပြုခြင်း၊
စာရွက်စာတမ်းများကို ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မြင်စာဖြင့်
ပံ့ပိုးပေးခြင်း၊ အသံဖမ်းယူခြင်းများ သို့မဟုတ်
အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။
1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။

OROMOO (Oromo)
Xiyyeeffannoon haa kennamuː- Oromo Afaan kan dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa gaafachuu ni dandeessu. Rakkoo ilaaluu, dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif mijatuun haala isiniif galuun mari'achuu ni dandeenya. Kunis of keessatti kan qabatu, hiiktota afaan mallattoo fayyadamuun maxxansa gurguddaa ykn bireeylii, waraabbiiwwan sagalee ykn gargaarsota biroo kaffaltii tokkoo malee gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.

РУССКИЙ (Russian)
ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете запросить бесплатные услуги языковой поддержки. Если у вас есть нарушение зрения, слуха или речи, мы можем общаться таким образом, который лучше всего подходит вам. Это может включать бесплатное использование переводчиков на языке жестов, предоставление документов крупным шрифтом или шрифтом Брайля, использование аудиозаписей или других вспомогательных средств. Звоните по телефону 1-855-903-2583 (TTY 711).

ພາສາລາວ (Lao)
ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,
ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.
ຖ້າທ່ານມີຄວາມບົກຜ່ອງດ້ານສາຍຕາ, ການໄດ້ຍິນ ຫຼື ການປາກເວົ້າ,
ພວກເຮົາສາມາດສື່ສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.
ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນາຍພາສາມື,
ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ,
ການບັນທຶກສຽງ ຫຼື
ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ
1-855-903-2583 (TTY 711).

Tagalog (Tagalog)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito ang paggamit ng mga interpreter ng sign language, pagbibigay ng mga dokumento na malalaki ang pagkaprinta o Braille, mga audio recording, o iba pang mga tulong nang walang bayad. Tumawag sa 1-855-903-2583 (TTY 711).

VIETNAMESE (Vietnamese)
LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể giao tiếp theo cách phù hợp nhất với quý vị. Điều này có thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi số 1-855-903-2583 (TTY 711).

简体中文 **(Chinese Simplified)**
注意：如果您说普通话，则可以免费申请语言协助服务。
如果您有视力、听力或语言障碍，我们可以用最适合您的方式
与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、
录音或其 他辅助工具。 请致电 1-855-903-2583（文字电话
711）。

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