

# Blue Cross and Blue Shield of Minnesota FlexRx Formulary Updates

**October 2021**

| <b>TRADE NAME (generic name) or generic name</b>                           | <b>Brand/<br/>Generic Product</b> | <b>Description of Change</b>    |
|--|-----------------------------------|---------------------------------|
| APTIOM (eslicarbazepine acetate tab 200 mg)                                | Brand                             | Addition                        |
| APTIOM (eslicarbazepine acetate tab 400 mg)                                | Brand                             | Addition                        |
| APTIOM (eslicarbazepine acetate tab 600 mg)                                | Brand                             | Addition                        |
| APTIOM (eslicarbazepine acetate tab 800 mg)                                | Brand                             | Addition                        |
| atovaquone susp 750 mg/5ml   | Generic                           | Addition, generic for MEPRON    |
| AYVAKIT (avapritinib tab 25 mg)  | Brand                             | Addition                        |
| AYVAKIT (avapritinib tab 50 mg)  | Brand                             | Addition                        |
| AZOPT (brinzolamide ophth susp 1%)   | Brand                             | Removal, generics available     |
| colchicine tab 0.6 mg  | Generic                           | Addition, generic for COLCRYS   |
| COSENTYX (secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml)     | Brand                             | Addition                        |
| DOXORUBICIN HYDROCHLORIDE (doxorubicin hcl for inj 10 mg)                  | Brand                             | Addition                        |
| etravirine tab 100 mg  | Generic                           | Addition, generic for INTELENCE |
| etravirine tab 200 mg  | Generic                           | Addition, generic for INTELENCE |
| FORTEO (teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml)            | Brand                             | Addition                        |
| JEMPERLI (dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml))                 | Brand                             | Addition                        |
| lopinavir-ritonavir tab 100-25 mg  | Generic                           | Addition, generic for KALETRA   |
| lopinavir-ritonavir tab 200-50 mg  | Generic                           | Addition, generic for KALETRA   |
| LUMAKRAS (sotorasib tab 120 mg)  | Brand                             | Addition                        |
| MOVANTIK (naloxegol oxalate tab 12.5 mg (base equivalent))                 | Brand                             | Addition                        |
| MOVANTIK (naloxegol oxalate tab 25 mg (base equivalent))                   | Brand                             | Addition                        |
| PREVIDENT RINSE (sodium fluoride rinse 0.2%)                               | Brand                             | Removal, generics available     |
| RYBREVAANT (amivantamab-vmjw iv soln 350 mg/7ml)                           | Brand                             | Addition                        |
| SKYRIZI (risankizumab-rzaa soln auto-injector 150 mg/ml)                   | Brand                             | Addition                        |
| SKYRIZI (risankizumab-rzaa soln prefilled syringe 150 mg/ml)               | Brand                             | Addition                        |
| sodium fluoride rinse 0.2%   | Generic                           | Addition, generic for PREVIDENT |
| TRIKAF TA (elexacaf-tezacaf-ivacaf 50-25-37.5 mg and ivacaftor 75 mg tbpk) | Brand                             | Addition                        |
| TRUSELTIQ (infigratinib phos cap pack 100 and 25 mg (125 mg daily dose))   | Brand                             | Addition                        |
| TRUSELTIQ (infigratinib phos cap ther pack 100 mg (100 mg daily dose))     | Brand                             | Addition                        |
| TRUSELTIQ (infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose))   | Brand                             | Addition                        |
| TRUSELTIQ (infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose))   | Brand                             | Addition                        |
| VERQUVO (vericiguat tab 10 mg)   | Brand                             | Addition                        |
| VERQUVO (vericiguat tab 2.5 mg)  | Brand                             | Addition                        |
| VERQUVO (vericiguat tab 5 mg)  | Brand                             | Addition                        |
| XPOVIO (selinexor tab therapy pack 40 mg (40 mg once weekly))              | Brand                             | Addition                        |
| XPOVIO (selinexor tab therapy pack 40 mg (40 mg twice weekly))             | Brand                             | Addition                        |
| XPOVIO (selinexor tab therapy pack 40 mg (80 mg once weekly))              | Brand                             | Addition                        |
| XPOVIO (selinexor tab therapy pack 50 mg (100 mg once weekly))             | Brand                             | Addition                        |
| XPOVIO (selinexor tab therapy pack 60 mg (60 mg once weekly))              | Brand                             | Addition                        |
| ZEGALOGUE (dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml)       | Brand                             | Addition                        |
| ZEGALOGUE (dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml)   | Brand                             | Addition                        |
| ZYNLONTA (loncastuximab tesirine-lpyl for iv soln 10 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](mailto: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.