

Blue Cross and Blue Shield of Minnesota FlexRx Formulary Updates

April 2023

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
DEXCOM G6 RECEIVER (*continuous blood glucose system receiver***)	Brand	Addition
DEXCOM G6 SENSOR (*continuous blood glucose system sensor***)	Brand	Addition
DEXCOM G6 TRANSMITTER (*continuous blood glucose system transmitter***)	Brand	Addition
ELAHERE (mirvetuximab soravtansine-gynx iv soln 100 mg/20 ml)	Brand	Addition
ELIGARD (leuprolide acetate (3 month) for subcutaneous inj kit 22.5 mg)	Brand	Addition
ELIGARD (leuprolide acetate (4 month) for subcutaneous inj kit 30 mg)	Brand	Addition
ELIGARD (leuprolide acetate (6 month) for subcutaneous inj kit 45 mg)	Brand	Addition
ELIGARD (leuprolide acetate for subcutaneous inj kit 7.5 mg)	Brand	Addition
estradiol td gel 0.25 mg/0.25 gm (0.1%)	Generic	Addition, generic for DIVIGEL
estradiol td gel 0.5 mg/0.5 gm (0.1%)	Generic	Addition, generic for DIVIGEL
estradiol td gel 0.75 mg/0.75 gm (0.1%)	Generic	Addition, generic for DIVIGEL
estradiol td gel 1 mg/gm (0.1%)	Generic	Addition, generic for DIVIGEL
estradiol td gel 1.25 mg/1.25 gm (0.1%)	Generic	Addition, generic for DIVIGEL
fingolimod hcl cap 0.5 mg (base equiv)	Generic	Addition, generic for GILENYA
GILENYA (fingolimod hcl cap 0.5 mg (base equiv))	Brand	Removal, generics available
IMJUDO (tremelimumab-actl soln for iv infusion 25 mg/1.25 ml)	Brand	Addition
IMJUDO (tremelimumab-actl soln for iv infusion 300 mg/15 ml)	Brand	Addition
KRAZATI (adagrasib tab 200 mg)	Brand	Addition
LEUPROLIDE ACETATE (leuprolide acetate (3 month) for inj 22.5 mg)	Brand	Addition
LEVEMIR FLEXPEN (insulin detemir soln pen-injector 100 unit/ml)	Brand	Addition
LUNSUMIO (mosunetuzumab-axgb iv soln 1 mg/ml)	Brand	Addition
LUNSUMIO (mosunetuzumab-axgb iv soln 30 mg/30 ml (1 mg/ml))	Brand	Addition
LYTGOBI (futibatinib tab therapy pack 4 mg (12 mg daily dose))	Brand	Addition
LYTGOBI (futibatinib tab therapy pack 4 mg (16 mg daily dose))	Brand	Addition
LYTGOBI (futibatinib tab therapy pack 4 mg (20 mg daily dose))	Brand	Addition
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y (covid-19 mrna bival vacc 6mo-5y-moderna im susp 10 mcg/0.2 ml)	Brand	Addition
ORKAMBI (lumacaftor-ivacaftor granules packet 75-94 mg)	Brand	Addition
OZEMPIC (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3 ml))	Brand	Addition
PEDMARK (sodium thiosulfate iv soln 125 mg/ml (12.5%))	Brand	Addition
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y (covid-19 mrna bivalent vac 5-11y-pfizer im susp 10 mcg/0.2 ml)	Brand	Addition
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y (covid-19 mrna bival vacc 6mo-4yr-pfizer im susp 3 mcg/0.2 ml)	Brand	Addition
PRALATREXATE (pralatrexate iv inj 20 mg/ml)	Brand	Addition
PRALATREXATE (pralatrexate iv inj 40 mg/2 ml)	Brand	Addition
PREHEVBRIO (hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml)	Brand	Addition
PREVNAR 20 (pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)	Brand	Addition
PRIORIX (measles-mumps-rubella virus vaccines for subcutaneous susp)	Brand	Addition

Continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
REZLIDHIA (olutasidenib cap 150 mg)	Brand	Addition
SKYRIZI (risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2 ml)	Brand	Addition
tazarotene gel 0.05%	Generic	Addition, generic for TAZORAC
tazarotene gel 0.1%	Generic	Addition, generic for TAZORAC
TECVAYLI (teclistamab-cqyv subcutaneous soln 153 mg/1.7 ml (90 mg/ml))	Brand	Addition
TECVAYLI (teclistamab-cqyv subcutaneous soln 30 mg/3 ml (10 mg/ml))	Brand	Addition
trimethoprim tab 100 mg	Generic	Addition, generic for TRIMETHOPRIM
VAXNEUVANCE (pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)	Brand	Addition
VIVIMUSTA (bendamustine hcl iv soln 100 mg/4 ml (25 mg/ml))	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.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន 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.