

Blue Cross and Blue Shield of Minnesota GenRx Formulary Updates



April 2024

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
ADSTILADRIN (nadofaragene firadenov-vncg intraves susp 300000000000 vp/ml)	Brand	Removal
AUGTYRO (repotrectinib cap 40 mg)	Brand	Addition
BOSULIF (bosutinib cap 100 mg)	Brand	Addition
BOSULIF (bosutinib cap 50 mg)	Brand	Addition
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Brand	Addition
CIBINQO (abrocitinib tab 100 mg)	Brand	Addition
CIBINQO (abrocitinib tab 200 mg)	Brand	Addition
CIBINQO (abrocitinib tab 50 mg)	Brand	Addition
FRUZAQLA (fruquintinib cap 1 mg)	Brand	Addition
FRUZAQLA (fruquintinib cap 5 mg)	Brand	Addition
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2ml (150 mg/ml))	Brand	Addition
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	Brand	Removal
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Brand	Removal
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Brand	Removal
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Brand	Removal
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Brand	Removal
IWILFIN (eflornithine hcl tab 192 mg)	Brand	Addition
JYLAMVO (methotrexate oral soln 2 mg/ml)	Brand	Addition
KALYDECO (ivacaftor packet 5.8 mg)	Brand	Addition
LOQTORZI (toripalimab-tpzi iv soln 240 mg/6ml (40 mg/ml))	Brand	Addition
NORDITROPIN FLEXPRO (somatropin solution pen-injector 10 mg/1.5ml)	Brand	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 15 mg/1.5ml)	Brand	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 30 mg/3ml)	Brand	Removal
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5ml)	Brand	Removal
OGSIVEO (nirogacestat hydrobromide tab 50 mg)	Brand	Addition
OMNITROPE (somatropin for inj 5.8 mg)	Brand	Addition
OMNITROPE (somatropin inj 10 mg/1.5ml)	Brand	Addition
OMNITROPE (somatropin inj 5 mg/1.5ml)	Brand	Addition
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv))	Brand	Addition
ROZLYTREK (entrectinib pellet pack 50 mg)	Brand	Addition
scopolamine td patch 72hr 1 mg/3days	Generic	Addition, generic for TRANSDERM-SCOP
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	Generic	Addition, generic for FORTEO
TREXALL (methotrexate sodium tab 10 mg (base equiv))	Brand	Removal
TREXALL (methotrexate sodium tab 15 mg (base equiv))	Brand	Removal
TREXALL (methotrexate sodium tab 5 mg (base equiv))	Brand	Removal
TREXALL (methotrexate sodium tab 7.5 mg (base equiv))	Brand	Removal

continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
TRUQAP (capivasertib tab 160 mg)	Brand	Addition
TRUQAP (capivasertib tab 200 mg)	Brand	Addition
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	Brand	Removal, generics available
XALKORI (crizotinib cap sprinkle 150 mg)	Brand	Addition
XALKORI (crizotinib cap sprinkle 20 mg)	Brand	Addition
XALKORI (crizotinib cap sprinkle 50 mg)	Brand	Addition
XATMEP (methotrexate oral soln 2.5 mg/ml)	Brand	Removal
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 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.

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.