

Blue Cross and Blue Shield of  
Minnesota GenRx Formulary Updates



January 2025

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml)	Brand	Removal
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml)	Brand	Removal
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4ml)	Brand	Addition
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 80 mg/0.8ml)	Brand	Addition
ADALIMUMAB-AATY 2-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4ml)	Brand	Addition
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 20 mg/0.2ml)	Brand	Addition
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 40 mg/0.4ml)	Brand	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4ml)	Brand	Addition
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4ml)	Brand	Addition
CORLANOR (ivabradine hcl tab 5 mg (base equiv))	Brand	Removal, generics available
CORLANOR (ivabradine hcl tab 7.5 mg (base equiv))	Brand	Removal, generics available
dasatinib tab 100 mg	Generic	Addition, generic for SPRYCEL
dasatinib tab 140 mg	Generic	Addition, generic for SPRYCEL
dasatinib tab 20 mg	Generic	Addition, generic for SPRYCEL
dasatinib tab 50 mg	Generic	Addition, generic for SPRYCEL
dasatinib tab 70 mg	Generic	Addition, generic for SPRYCEL
dasatinib tab 80 mg	Generic	Addition, generic for SPRYCEL
daunorubicin hcl iv soln 50 mg/10ml (base equiv)	Generic	Addition, generic for DAUNORUBICIN HYDROCHLORIDE
DOXORUBICIN HCL (doxorubicin hcl inj 2 mg/ml)	Brand	Removal, generics available
ENTYVIO PEN (vedolizumab soln auto-injector 108 mg/0.68ml)	Brand	Addition
ESTROGEL (estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump))	Brand	Removal, generics available
FABHALTA (iptacopan hcl cap 200 mg)	Brand	Addition
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml)	Brand	Addition
HALAVEN (eribulin mesylate inj 1 mg/2ml (0.5 mg/ml))	Brand	Removal, generics available
IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/ml)	Brand	Removal
KERENDIA (finerenone tab 10 mg)	Brand	Addition
KERENDIA (finerenone tab 20 mg)	Brand	Addition
LAZCLUZE (lazertinib mesylate tab 240 mg)	Brand	Addition
LAZCLUZE (lazertinib mesylate tab 80 mg)	Brand	Addition
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	Generic	Addition, generic for BALCOLTRA
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5ml)	Brand	Removal, generics available
MORPHINE SULFATE (morphine sulfate oral soln 100 mg/5ml (20 mg/ml))	Brand	Removal, generics available
MYHIBBIN (mycophenolate mofetil oral susp 200 mg/ml)	Brand	Addition
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6ml)	Brand	Removal
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml)	Brand	Removal
NEUPOGEN (filgrastim inj 300 mcg/ml)	Brand	Removal

continued

<b>TRADE NAME (generic name) or generic name</b>	<b>Brand/ Generic Product</b>	<b>Description of Change</b>
NEUPOGEN (filgrastim inj 480 mcg/1.6ml (300 mcg/ml))	Brand	Removal
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5ml)	Brand	Removal
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml))	Brand	Removal
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Brand	Addition
octreotide acetate for im inj kit 20 mg	Generic	Addition, generic for SANDOSTATIN LAR DEPOT
octreotide acetate for im inj kit 30 mg	Generic	Addition, generic for SANDOSTATIN LAR DEPOT
OMNIPOD 5 LIBRE2 PLUS G6 (insulin infusion disposable pump kit)	Brand	Addition
OMNIPOD 5 LIBRE2 PLUS G6 PODS (insulin infusion disposable pump reservoir)	Brand	Addition
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml)	Brand	Addition
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml)	Brand	Addition
OTEZLA (apremilast tab 20 mg)	Brand	Addition
OTEZLA (apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg)	Brand	Addition
RETEVMO (selpercatinib tab 120 mg)	Brand	Addition
RETEVMO (selpercatinib tab 160 mg)	Brand	Addition
RETEVMO (selpercatinib tab 40 mg)	Brand	Addition
RETEVMO (selpercatinib tab 80 mg)	Brand	Addition
REXTOVY (naloxone hcl nasal spray 4 mg/0.25ml)	Brand	Addition
SOTYKTU (deucravacitinib tab 6 mg)	Brand	Addition
tazarotene cream 0.05%	Generic	Addition, generic for TAZORAC
TECENTRIQ HYBREZA (atezolizumab-hyaluronidase-tqjs inj 1875-30000 mg-unit/15ml)	Brand	Addition
TEVIMBRA (tislelizumab-jsgr iv soln 100 mg/10ml)	Brand	Addition
TRUQAP (capivasertib tab therapy pack 160 mg)	Brand	Addition
TRUQAP (capivasertib tab therapy pack 200 mg)	Brand	Addition
TYENNE (tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml)	Brand	Addition
TYENNE (tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml)	Brand	Addition
VORANIGO (vorasidenib tab 10 mg)	Brand	Addition
VORANIGO (vorasidenib tab 40 mg)	Brand	Addition
VRAYLAR (cariprazine hcl cap 1.5 mg (base equivalent))	Brand	Addition
VRAYLAR (cariprazine hcl cap 3 mg (base equivalent))	Brand	Addition
VRAYLAR (cariprazine hcl cap 4.5 mg (base equivalent))	Brand	Addition
VRAYLAR (cariprazine hcl cap 6 mg (base equivalent))	Brand	Addition
VYLOY (zolbetuximab-clzb for iv soln 100 mg)	Brand	Addition
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml)	Brand	Removal

**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.

နမ့်ကတိကညီကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လိၤ. ကိ: 1-866-251-6744 လၢ TTY အဂီၢ်, ကိ: 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 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 béésh bee hodíłnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béésh bee hodíłnih.