

Blue Cross and Blue Shield of Minnesota GenRx Formulary Updates



July 2024

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
ACCURETIC (quinapril-hydrochlorothiazide tab 10-12.5 mg)	Brand	Removal, generics available
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8ml)	Brand	Removal
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2ml)	Brand	Removal
AMJEVITA (adalimumab-atto soln prefilled syringe 20 mg/0.4ml)	Brand	Removal
AMJEVITA (adalimumab-atto soln prefilled syringe 40 mg/0.8ml)	Brand	Removal
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 1000 mg/10ml (100 mg/ml))	Brand	Addition
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 2000 mg/20ml (100 mg/ml))	Brand	Addition
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 500 mg/5ml (100 mg/ml))	Brand	Addition
dexmethylphenidate hcl cap er 24 hr 10 mg	Generic	Addition, generic for FOCALIN XR
dexmethylphenidate hcl cap er 24 hr 15 mg	Generic	Addition, generic for FOCALIN XR
dexmethylphenidate hcl cap er 24 hr 20 mg	Generic	Addition, generic for FOCALIN XR
dexmethylphenidate hcl cap er 24 hr 25 mg	Generic	Addition, generic for FOCALIN XR
dexmethylphenidate hcl cap er 24 hr 30 mg	Generic	Addition, generic for FOCALIN XR
dexmethylphenidate hcl cap er 24 hr 35 mg	Generic	Addition, generic for FOCALIN XR
dexmethylphenidate hcl cap er 24 hr 40 mg	Generic	Addition, generic for FOCALIN XR
dexmethylphenidate hcl cap er 24 hr 5 mg	Generic	Addition, generic for FOCALIN XR
DOCIVYX (docetaxel soln for iv infusion 160 mg/16ml)	Brand	Addition
DOCIVYX (docetaxel soln for iv infusion 20 mg/2ml)	Brand	Addition
DOCIVYX (docetaxel soln for iv infusion 80 mg/8ml)	Brand	Addition
EXKIVITY (mobocertinib succinate cap 40 mg)	Brand	Removal
FLUTICASONE PROPIONATE HFA (fluticasone propionate hfa inhal aer 110 mcg/act (125/valve))	Brand	Addition
FLUTICASONE PROPIONATE HFA (fluticasone propionate hfa inhal aer 220 mcg/act (250/valve))	Brand	Addition
FLUTICASONE PROPIONATE HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve))	Brand	Addition
HEMLIBRA (emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml))	Brand	Addition
JYLAMVO (methotrexate oral soln 2 mg/ml)	Brand	Removal
OGSIVEO (nirogacestat hydrobromide tab 100 mg)	Brand	Addition
OGSIVEO (nirogacestat hydrobromide tab 150 mg)	Brand	Addition
OMNIPOD 5 G6 INTRO KIT (GEN 5) (*insulin infusion disposable pump kit***)	Brand	Addition
OMNIPOD 5 G6 PODS (GEN 5) (*insulin infusion disposable pump reservoir***)	Brand	Addition
OMNIPOD 5 G7 INTRO KIT (GEN 5) (*insulin infusion disposable pump kit***)	Brand	Addition
OMNIPOD 5 G7 PODS (GEN 5) (*insulin infusion disposable pump reservoir***)	Brand	Addition
OMNIPOD DASH INTRO KIT (GEN 4) (*insulin infusion disposable pump kit***)	Brand	Addition
OMNIPOD DASH PODS (GEN 4) (*insulin infusion disposable pump reservoir***)	Brand	Addition

continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Description of Change
OPILL (norgestrel tab 0.075 mg)	Brand	Addition
PEMRYDI RTU (pemetrexed disodium iv soln 100 mg/10ml (base equiv))	Brand	Addition
PEMRYDI RTU (pemetrexed disodium iv soln 500 mg/50ml (base equiv))	Brand	Addition
XOLAIR (omalizumab subcutaneous soln auto-injector 150 mg/ml)	Brand	Addition
XOLAIR (omalizumab subcutaneous soln auto-injector 300 mg/2ml)	Brand	Addition
XOLAIR (omalizumab subcutaneous soln auto-injector 75 mg/0.5ml)	Brand	Addition
XOLAIR (omalizumab subcutaneous soln prefilled syringe 300 mg/2ml)	Brand	Addition
ZURZUVAE (zuranolone cap 20 mg)	Brand	Addition
ZURZUVAE (zuranolone cap 25 mg)	Brand	Addition
ZURZUVAE (zuranolone cap 30 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
- 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, တိကဟ့ၣ်န့ၣ်ကိတ်တိၤတၢၢ်ကလိတဖၣ်န့ၣ်လိၤ. 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.