

# Blue Cross and Blue Shield of Minnesota GenRx Formulary Updates



October 2024

| TRADE NAME (generic name) or generic name   | Brand/<br>Generic Product | Description of Change          |
|---|---------------------------|--------------------------------|
| ADBRY (tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml)                              | Brand                     | Addition                       |
| alosetron hcl tab 0.5 mg (base equiv)   | Generic                   | Addition, generic for LOTRONEX |
| alosetron hcl tab 1 mg (base equiv)   | Generic                   | Addition, generic for LOTRONEX |
| ANKTIVA (nogapendekin alfa inbak-pmln intravesical soln 400 mcg/0.4ml)                            | Brand                     | Addition                       |
| CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)                                 | Brand                     | Addition                       |
| CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM<br>(*blood glucose monitoring kit w/ device***) | Brand                     | Addition                       |
| CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 1 gm/2ml (500 mg/ml))                                  | Brand                     | Addition                       |
| CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 2 gm/4ml (500 mg/ml))                                  | Brand                     | Addition                       |
| ENTRESTO (sacubitril-valsartan sprinkle cap 15-16 mg)   | Brand                     | Addition                       |
| ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg)   | Brand                     | Addition                       |
| eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)  | Generic                   | Addition, generic for HALAVEN  |
| estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)   | Generic                   | Addition, generic for ESTROGEL |
| FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml)                                    | Brand                     | Removal, generics available    |
| HEPZATO/50MM DOUBLE BALLOON CATHETER (melphalan hcl for intra-arterial soln 50 mg (base equiv))   | Brand                     | Addition                       |
| HEPZATO/62MM DOUBLE BALLOON CATHETER (melphalan hcl for intra-arterial soln 50 mg (base equiv))   | Brand                     | Addition                       |
| HUMALOG (insulin lispro inj soln 100 unit/ml)   | Brand                     | Addition                       |
| HUMALOG (insulin lispro soln cartridge 100 unit/ml)   | Brand                     | Addition                       |
| HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial))             | Brand                     | Addition                       |
| HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/ml (1 unit dial))                      | Brand                     | Addition                       |
| HUMALOG KWIKPEN (insulin lispro soln pen-injector 200 unit/ml)                                    | Brand                     | Addition                       |
| HUMALOG MIX 50/50 (insulin lispro protamine & lispro inj 100 unit/ml (50-50))                     | Brand                     | Addition                       |
| HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50))          | Brand                     | Addition                       |
| HUMALOG MIX 75/25 (insulin lispro prot & lispro inj 100 unit/ml (75-25))                          | Brand                     | Addition                       |
| HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25))          | Brand                     | Addition                       |
| HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/ml)                    | Brand                     | Addition                       |
| HUMULIN 70/30 (insulin nph isophane & regular human inj 100 unit/ml (70-30))                      | Brand                     | Addition                       |
| HUMULIN 70/30 KWIKPEN (insulin nph & regular susp pen-inj 100 unit/ml (70-30))                    | Brand                     | Addition                       |
| HUMULIN N (insulin nph (human) (isophane) inj 100 unit/ml)  | Brand                     | Addition                       |
| HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)                  | Brand                     | Addition                       |
| HUMULIN R (insulin regular (human) inj 100 unit/ml)   | Brand                     | Addition                       |
| IMDELLTRA (tarlatamab-dlle for iv infusion 1 mg)  | Brand                     | Addition                       |
| IMDELLTRA (tarlatamab-dlle for iv infusion 10 mg)   | Brand                     | Addition                       |
| ivabradine hcl tab 5 mg (base equiv)  | Generic                   | Addition, generic for CORLANOR |
| ivabradine hcl tab 7.5 mg (base equiv)  | Generic                   | Addition, generic for CORLANOR |
| LYUMJEV (insulin lispro-aabc inj 100 unit/ml)   | Brand                     | Addition                       |

continued

| <b>TRADE NAME (generic name) or generic name</b>                                 | <b>Brand/<br/>Generic Product</b> | <b>Description of Change</b> |
|--|-----------------------------------|------------------------------|
| LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial))     | Brand                             | Addition                     |
| LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-injector 200 unit/ml)              | Brand                             | Addition                     |
| LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml) | Brand                             | Addition                     |
| OJEMDA (tovorafenib for oral susp 25 mg/ml)                                      | Brand                             | Addition                     |
| OJEMDA (tovorafenib tab 100 mg)  | Brand                             | Addition                     |
| RINVOQ LQ (upadacitinib oral soln 1 mg/ml)                                       | Brand                             | Addition                     |
| RYTELO (imetelstat sodium for iv soln 188 mg)                                    | Brand                             | Addition                     |
| RYTELO (imetelstat sodium for iv soln 47 mg)                                     | Brand                             | Addition                     |
| SCEMBLIX (asciminib hcl tab 100 mg)  | Brand                             | Addition                     |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)               | Brand                             | Addition                     |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)               | 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.

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.