

Updated April 1, 2026

Changes in prescription drug eligibility for 90dayRx

As part of your insurance benefits, you may have access to the 90dayRx program. This may allow you to get a 90-day supply of your long-term prescription drugs at a lower cost. You can use this benefit with in-network mail and participating retail pharmacies. To use 90dayRx, first check if your pharmacy is in the network by visiting bluecrossmn.com. Then, provide your prescription for a 90-day supply of the eligible drug.

Some drugs might not be covered by the 90dayRx program. Check the list below. This list is reviewed regularly and may change. Not all plans follow this list, if you have questions or would like current information on drugs excluded from the 90dayRx program, call our Customer Service team at the number on the back of your ID card.

Drug brand names are shown in all capital letters, followed by the generic names in lower case.

Drugs NOT eligible for 90dayRx

DIABETES MEDICATIONS

Oral

RYBELSUS – semaglutide tablet 3 mg
 RYBELSUS – semaglutide tablet 7 mg
 RYBELSUS – semaglutide tablet 14 mg

Non-insulin Injectables

BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85 mL
 BYETTA – exenatide soln pen-injector 5 mcg/0.02 mL
 BYETTA – exenatide soln pen-injector 10 mcg/0.04 mL
 EXENATIDE – exenatide soln pen-injector 10 mcg/0.04 mL
 liraglutide soln pen-injector 18 mg/3 mL (6 mg/ml) (Victoza)
 MOUNJARO – tirzepatide soln auto-injector 2.5 mg/0.5 mL
 MOUNJARO – tirzepatide soln auto-injector 5 mg/0.5 mL
 MOUNJARO – tirzepatide soln auto-injector 7.5 mg/0.5 mL
 MOUNJARO – tirzepatide soln auto-injector 10 mg/0.5 mL
 MOUNJARO – tirzepatide soln auto-injector 12.5 mg/0.5 mL

Non-insulin Injectables (continued)

MOUNJARO – tirzepatide soln auto-injector 15 mg/0.5 mL
 OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3 mL)
 OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3 mL)
 OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3 mL)
 TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5 mL
 TRULICITY – dulaglutide soln auto-injector 1.5 mg/0.5 mL
 TRULICITY – dulaglutide soln auto-injector 3 mg/0.5 mL
 TRULICITY – dulaglutide soln auto-injector 4.5 mg/0.5 mL
 VICTOZA – liraglutide soln pen-injector 18 mg/3 mL (6 mg/mL)

Insulin Combinations

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/mL
 XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/mL

WEIGHT MANAGEMENT

FOUNDAYO - orforglipron calcium (weight management) tablet 0.8 mg
FOUNDAYO - orforglipron calcium (weight management) tablet 2.5 mg
FOUNDAYO - orforglipron calcium (weight management) tablet 5.5 mg
FOUNDAYO - orforglipron calcium (weight management) tablet 9 mg
FOUNDAYO - orforglipron calcium (weight management) tablet 14.5 mg
FOUNDAYO - orforglipron calcium (weight management) tablet 17.2 mg
SAXENDA – liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/ml)
WEGOVY – semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5 mL
WEGOVY – semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5 mL
WEGOVY – semaglutide (weight mngmt) soln auto-injector 1 mg/0.5 mL
WEGOVY – semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75 mL
WEGOVY – semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75 mL
WEGOVY – semaglutide (weight management) tablet 1.5 mg
WEGOVY – semaglutide (weight management) tablet 4 mg
WEGOVY – semaglutide (weight management) tablet 9 mg
WEGOVY – semaglutide (weight management) tablet 25 mg
WEGOVY HD – semaglutide (weight mngmt) soln auto-injector 7.2 mg/0.75 ml
ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5 mL
ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5 mL
ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 7.5 mg/0.5 mL
ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 10 mg/0.5 mL
ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 12.5 mg/0.5 mL
ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 15 mg/0.5 mL
ZEPBOUND KWIKPEN – tirzepatide (weight mngmt) soln pen-injector 2.5 mg/0.6 mL
ZEPBOUND KWIKPEN – tirzepatide (weight mngmt) soln pen-injector 5 mg/0.6 mL
ZEPBOUND KWIKPEN – tirzepatide (weight mngmt) soln pen-injector 7.5 mg/0.6 mL
ZEPBOUND KWIKPEN – tirzepatide (weight mngmt) soln pen-injector 10 mg/0.6 mL

WEIGHT MANAGEMENT (continued)

ZEPBOUND KWIKPEN – tirzepatide (weight mngmt) soln pen-injector 12.5 mg/0.6 mL
ZEPBOUND KWIKPEN – tirzepatide (weight mngmt) soln pen-injector 15 mg/0.6 mL

Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

Need these services? Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

Email: Civil.Rights.Coord@bluecrossmn.com
Telephone: 1-800-509-5312
Mail: Blue Cross and Blue Shield of Minnesota
ATTN: Civil Rights Coordinator P3-2
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at bluecrossmn.com/NDL, or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- by mail at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

