Blue Cross and Blue Shield of

Minnesota FlexRx Formulary Updates

January 2018

TRADE NAME (generic name) or generic name	Brand/Generic Product	Description of Change
ALKERAN (melphalan tab 2 mg)	Brand	Removal, generics available
AXIRON (testosterone td soln 30 mg/act)	Brand	Removal, generics available
CLOLAR (clofarabine iv soln 1 mg/ml)	Brand	Removal, generics available
COSENTYX (secukinumab subcutaneous soln prefilled syringe 150 mg/ml)	Brand	Addition
COSENTYX SENSOREADY PEN (secukinumab subcutaneous soln auto-injector 150 mg/ml)	Brand	Addition
E.E.S. 400 (erythromycin ethylsuccinate tab 400 mg)	Brand	Removal
ERYTHROCIN STEARATE (erythromycin stearate tab 250 mg)	Brand	Removal
ERYTHROMYCIN ETHYLSUCCINATE (erythromycin ethylsuccinate tab 400 mg)	Brand	Removal
granisetron hcl tab 1 mg	Generic	Addition
MAVYRET (glecaprevir-pibrentasvir tab 100-40 mg)	Brand	Addition
NEUPOGEN (filgrastim inj 300 mcg/0.5ml (600 mcg/ml))	Brand	Addition
NEUPOGEN (filgrastim inj 300 mcg/ml)	Brand	Addition
NEUPOGEN (filgrastim inj 480 mcg/0.8ml (600 mcg/ml))	Brand	Addition
NEUPOGEN (filgrastim inj 480 mcg/1.6ml (300 mcg/ml))	Brand	Addition
PATADAY (olopatadine hcl ophth soln 0.2% (base equivalent))	Brand	Removal, generics available
PROPANTHELINE BROMIDE (propantheline bromide tab 15 mg)	Brand	Removal
RENVELA (sevelamer carbonate packet 0.8 gm)	Brand	Removal, generics available
RENVELA (sevelamer carbonate packet 2.4 gm)	Brand	Removal, generics available
STELARA (ustekinumab inj 45 mg/0.5ml)	Brand	Addition
STRATTERA (atomoxetine hcl cap 10 mg (base equiv))	Brand	Removal, generics available
STRATTERA (atomoxetine hcl cap 100 mg (base equiv))	Brand	Removal, generics available
STRATTERA (atomoxetine hcl cap 18 mg (base equiv))	Brand	Removal, generics available
STRATTERA (atomoxetine hcl cap 25 mg (base equiv))	Brand	Removal, generics available
STRATTERA (atomoxetine hcl cap 40 mg (base equiv))	Brand	Removal, generics available
STRATTERA (atomoxetine hcl cap 60 mg (base equiv))	Brand	Removal, generics available
STRATTERA (atomoxetine hcl cap 80 mg (base equiv))	Brand	Removal, generics available
SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 10-1000 mg)	Brand	Addition
SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg)	Brand	Addition
SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 25-1000 mg)	Brand	Addition
SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 5-1000 mg)	Brand	Addition
TAZORAC (tazarotene cream 0.1%)	Brand	Removal, generics available
VIBERZI (eluxadoline tab 100 mg)	Brand	Addition
VIBERZI (eluxadoline tab 75 mg)	Brand	Addition
VOSEVI (sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg)	Brand	Addition

Special Note: As of 1/1/18, the only covered glucose strips will be those made by Ascensia/Bayer, e.g. Contour. All other glucose strip manufacturers will no longer be covered under the pharmacy benefit.

Disclaimer: These updates may not apply. Check your coverage or other plan information for benefit details.

BlueCross BlueShield Minnesota

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.

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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.

နမ့်ကတိၤကညီကျိာ်ဒီး, တ်ကဟ့ဉ်နၤကျိာ်တ်မၤစၢၤကလိတဖဉ်နူဉ်လိၤ. ကိး 1-866-251-6744 လၢ TTY အဂိၢ်, ကိး 711 တကှ်.

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.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន 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'. Kojį éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jį’ béésh bee hodíílnih.