

Horizon Blue Cross Blue Shield of New Jersey
Horizon Classic Formulary Updates



January 2019

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tab 20 mg (pah))	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
ALBENZA (albendazole tab 200 mg)	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
ANDROGEL (testosterone td gel 20.25 mg/1.25gm (1.62%))	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
ANDROGEL (testosterone td gel 40.5 mg/2.5gm (1.62%))	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%))	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
ASACOL HD (mesalamine tab delayed release 800 mg)	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
BILTRICIDE (praziquantel tab 600 mg)	Brand	12/12/18	Moved to Non-Preferred Tier, generics available
BRAFTOVI (encorafenib cap 50 mg)	Brand	1/1/19	Added to Preferred Tier
BRAFTOVI (encorafenib cap 75 mg)	Brand	1/1/19	Added to Preferred Tier
CIMDUO (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Brand	1/1/19	Added to Preferred Tier
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml)	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
COPAXONE (glatiramer acetate soln prefilled syringe 40 mg/ml)	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml (base equivalent))	Brand	1/1/19	Added to Preferred Tier
FIRVANQ (vancomycin hcl for oral soln 50 mg/ml (base equivalent))	Brand	1/1/19	Added to Preferred Tier
GABITRIL (tiagabine hcl tab 12 mg)	Brand	12/12/18	Moved to Non-Preferred Tier, generics available
GABITRIL (tiagabine hcl tab 16 mg)	Brand	12/12/18	Moved to Non-Preferred Tier, generics available
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Brand	11/4/18	Added to Preferred Tier
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml))	Brand	11/4/18	Added to Preferred Tier
LENVIMA 12MG DAILY DOSE (lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose))	Brand	8/26/18	Added to Preferred Tier
LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy pack 4 mg (4 mg daily dose))	Brand	8/26/18	Added to Preferred Tier
MEKTOVI (binimetinib tab 15 mg)	Brand	1/1/19	Added to Preferred Tier
NORVIR (ritonavir tab 100 mg)	Brand	12/12/18	Moved to Non-Preferred Tier, generics available
NOVOLIN 70/30 FLEXPEN (insulin nph & regular susp pen-inj 100 unit/ml (70-30))	Brand	10/14/18	Added to Preferred Tier
ONFI (clobazam tab 10 mg)	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
ONFI (clobazam tab 20 mg)	Brand	1/1/19	Moved to Non-Preferred Tier, generics available
OSMOPREP (sod phos mono-sod phos di tabs 1.102-0.398 gm(1.5gm na phos))	Brand	12/1/18	Moved to Non-Preferred Tier
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	Brand	12/12/18	Moved to Non-Preferred Tier, generics available
WELCHOL (colesevelam hcl tab 625 mg)	Brand	12/12/18	Moved to Non-Preferred Tier, generics available
XARELTO (rivaroxaban tab 2.5 mg)	Brand	10/29/18	Added to Preferred Tier



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-370-5088** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-800-370-5088** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料，您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員，請於上班時間致電 **1-800-370-5088**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-370-5088**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-370-5088** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ અર્થ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-370-5088** પર ફોન કરો.

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-370-5088** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-370-5088** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-370-5088** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-370-5088** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-370-5088** pandan lè nòminal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-370-5088** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-370-5088** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-370-5088** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bíł hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitłih bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i'í' dóó doo bááh ílíní da. Ata' halne'é ła' bich'í' hadeesdzih nínízingo t'áá shoqdí **1-800-370-5088**jí' nida'anishgo oolkííí bik'ehgo hodílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحميلك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-370-5088**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-370-5088** پر کال کریں۔



Horizon Blue Cross Blue Shield of New Jersey

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Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Horizon BCBSNJ – Director, Regulatory Compliance
Three Penn Plaza East, PP-16C
Newark, NJ 07105
Phone: 1-800-658-6781
Fax: 1-973-466-7759
Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

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>, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.