

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



April 2019

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
AIMOVIG (ereumab-aooe subcutaneous soln auto-injector 70 mg/ml)	Brand	04/01/2019	Added to Preferred Tier
BENLYSTA (belimumab subcutaneous solution auto-injector 200 mg/ml)	Brand	03/01/2019	Added to Preferred Tier
BENLYSTA (belimumab subcutaneous solution prefilled syringe 200 mg/ml)	Brand	03/01/2019	Added to Preferred Tier
BENZNIDAZOLE (benznidazole tab 100 mg)	Brand	03/01/2019	Added to Preferred Tier
BENZNIDAZOLE (benznidazole tab 12.5 mg)	Brand	03/01/2019	Added to Preferred Tier
COPIKTRA (duvelisib cap 15 mg)	Brand	03/01/2019	Added to Preferred Tier
COPIKTRA (duvelisib cap 25 mg)	Brand	03/01/2019	Added to Preferred Tier
DELSTRIGO (doravirine-lamivudine-tenofovir df tab 100-300-300 mg)	Brand	03/01/2019	Added to Preferred Tier
EMGALITY (galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml)	Brand	04/01/2019	Added to Preferred Tier
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml)	Brand	04/01/2019	Added to Preferred Tier
GALAFOLD (migalastat hcl cap 123 mg (base equivalent))	Brand	03/01/2019	Added to Preferred Tier
MULPLETA (lusutrombopag tab 3 mg)	Brand	03/01/2019	Added to Preferred Tier
ORLISSA (elagolix sodium tab 150 mg (base equiv))	Brand	03/01/2019	Added to Preferred Tier
ORLISSA (elagolix sodium tab 200 mg (base equiv))	Brand	03/01/2019	Added to Preferred Tier
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg)	Brand	03/01/2019	Moved to Non-Preferred Tier
OXYCONTIN (oxycodone hcl tab er 12hr deter 15 mg)	Brand	03/01/2019	Moved to Non-Preferred Tier
OXYCONTIN (oxycodone hcl tab er 12hr deter 20 mg)	Brand	03/01/2019	Moved to Non-Preferred Tier
OXYCONTIN (oxycodone hcl tab er 12hr deter 30 mg)	Brand	03/01/2019	Moved to Non-Preferred Tier
OXYCONTIN (oxycodone hcl tab er 12hr deter 40 mg)	Brand	03/01/2019	Moved to Non-Preferred Tier
OXYCONTIN (oxycodone hcl tab er 12hr deter 60 mg)	Brand	03/01/2019	Moved to Non-Preferred Tier
OXYCONTIN (oxycodone hcl tab er 12hr deter 80 mg)	Brand	03/01/2019	Moved to Non-Preferred Tier
PIFELTRO (doravirine tab 100 mg)	Brand	03/01/2019	Added to Preferred Tier
SYMTUZA (darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg)	Brand	03/01/2019	Added to Preferred Tier
TIBSOVO (ivosidenib tab 250 mg)	Brand	03/01/2019	Added to Preferred Tier
TRESIBA (insulin degludec inj 100 unit/ml)	Brand	12/23/2018	Added to Preferred Tier
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 13.5 mg)	Brand	03/01/2019	Added to Preferred Tier
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 18 mg)	Brand	03/01/2019	Added to Preferred Tier
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 27 mg)	Brand	03/01/2019	Added to Preferred Tier
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 36 mg)	Brand	03/01/2019	Added to Preferred Tier
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 9 mg)	Brand	03/01/2019	Added to Preferred Tier

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 the phone number listed at the top of this page 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 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。要與譯員聯絡, 請在正常工作時間內撥打本頁頂部所列的電話號碼。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역가와 얘기하려면, 일반 업무 시간 중 본 페이지 상단에 있는 전화번호로 문의해 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 o número de telefone listado no topo desta página durante o horário comercial normal.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કૃપા કરી સામાન્ય કારોબારી ક્લાકો દરમિયાન આ પૃષ્ઠની ટોચ પર સૂચિબદ્ધ કરવામાં આવેલ ફોન નંબર પર કોલ 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 porozmawiać z tłumaczem, zadzwoń pod numer podany na górze strony w regularnych godzinach 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, si prega di chiamare il numero in alto nella pagina in orario di 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. Para makipag-usap sa isang interpreter, pakitawag sa numero ng telepono na nakalista sa itaas ng pahinang ito sa panahon ng karaniwang oras na may trabaho.

Russian (Русский язык): Если вам необходима помощь в разьяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Чтобы поговорить с переводчиком, позвоните по номеру телефона, указанному в верхней части этой страницы, в 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 telefòn ki endike anlè paj sa a pandan lè biwo louvri.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की जरूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिण से बात करने के लिए, कृपया सामान्य कार्यसमय के दौरान इस पृष्ठ के ऊपर दिए गए फोन नंबर 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. Để nói chuyện với phiên dịch viên, hãy gọi đến số điện thoại ở đầu trang này trong giờ làm việc.

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 à un interprète, veuillez composer le numéro de téléphone figurant en haut de cette page pendant les heures normales de travail.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitíh bee shiká' a'doowot nínízingo éí bee ná'ahoot'i' dóó doo bááh ílíní da. Ata' halne'é la' bich'i' hadeeszih nínízingo éí díí námboo hódahgo biká'ígíí éí nida'anish góne' oolkilíí bik'echo 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. من أجل التحدث مع مترجم فوري، يرجى الاتصال برقم الهاتف الموجود في أعلى هذه الصفحة أثناء ساعات العمل.

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 اس صفحہ کے اوپر درج فون نمبر پر کال کریں۔

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY/TDD 711) or the phone number on the back of your member ID card**, if you need the free aids and services noted above and for **all other Member Services issues, including:**

- **Claim, benefits or enrollment inquiries**
- **Lost/stolen ID cards**
- **Address changes**
- **Any other inquiry related to your benefits or health plan**

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age or disability you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

**Horizon BCBSNJ – Civil Rights Coordinator
PO Box 820
Newark, NJ 07101**

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)**

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