

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



July 2020

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml)	Brand	5/20/20	Added to Preferred Tier
AFINITOR (everolimus tab 2.5 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
AFINITOR (everolimus tab 5 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
AFINITOR (everolimus tab 7.5 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
APRISO (mesalamine cap er 24hr 0.375 gm)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
BRUKINSA (zanubrutinib cap 80 mg)	Brand	5/20/20	Added to Preferred Tier
CARAFATE (sucralfate susp 1 gm/10ml)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
DELZICOL (mesalamine cap dr 400 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg)	Brand	6/1/20	Moved to Non-Preferred Tier
DIASTAT ACUDIAL (diazepam rectal gel delivery system 20 mg)	Brand	6/1/20	Moved to Non-Preferred Tier
EXJADE (deferasirox tab for oral susp 125 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
EXJADE (deferasirox tab for oral susp 250 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
EXJADE (deferasirox tab for oral susp 500 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
FIRAZYR (icatibant acetate inj 30 mg/3ml (base equivalent))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
GVOKE HYPOPEN (glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml)	Brand	4/26/20	Added to Preferred Tier
GVOKE HYPOPEN (glucagon subcutaneous solution auto-injector 1 mg/0.2ml)	Brand	4/26/20	Added to Preferred Tier
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml)	Brand	3/15/20	Added to Preferred Tier
GVOKE PFS (glucagon subcutaneous soln pref syringe 1 mg/0.2ml)	Brand	3/15/20	Added to Preferred Tier
IBRANCE (palbociclib tab 100 mg)	Brand	3/8/20	Added to Preferred Tier
IBRANCE (palbociclib tab 125 mg)	Brand	3/8/20	Added to Preferred Tier
IBRANCE (palbociclib tab 75 mg)	Brand	3/8/20	Added to Preferred Tier
INREBIC (fedratinib hcl cap 100 mg)	Brand	3/15/20	Added to Preferred Tier
INSULIN ASPART (insulin aspart inj 100 unit/ml)	Brand	3/15/20	Added to Preferred Tier
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Brand	3/15/20	Added to Preferred Tier
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Brand	3/15/20	Added to Preferred Tier
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Brand	3/15/20	Added to Preferred Tier
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Brand	3/15/20	Added to Preferred Tier
JADENU (deferasirox tab 360 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
JADENU (deferasirox tab 90 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LETAIRIS (ambrisentan tab 10 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LETAIRIS (ambrisentan tab 5 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available

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TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
LOTEMAX (loteprednol etabonate ophth susp 0.5%)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin cap 100 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin cap 150 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin cap 200 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin cap 225 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin cap 25 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin cap 300 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin cap 50 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin cap 75 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
LYRICA (pregabalin soln 20 mg/ml)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
NAYZILAM (midazolam nasal spray soln 5 mg/0.1 ml)	Brand	3/15/20	Added to Preferred Tier
NEBUPENT (pentamidine isethionate for nebulization soln 300 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
NUBEQA (darolutamide tab 300 mg)	Brand	3/15/20	Added to Preferred Tier
ROZLYTREK (entrectinib cap 100 mg)	Brand	3/15/20	Added to Preferred Tier
ROZLYTREK (entrectinib cap 200 mg)	Brand	3/15/20	Added to Preferred Tier
RUZURGI (amifampridine tab 10 mg)	Brand	3/15/20	Added to Preferred Tier
RYBELSUS (semaglutide tab 14 mg)	Brand	5/20/20	Added to Preferred Tier
RYBELSUS (semaglutide tab 3 mg)	Brand	5/20/20	Added to Preferred Tier
RYBELSUS (semaglutide tab 7 mg)	Brand	5/20/20	Added to Preferred Tier
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Brand	5/20/20	Added to Preferred Tier
SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5ml)	Brand	5/20/20	Added to Preferred Tier
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Brand	5/20/20	Added to Preferred Tier
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml)	Brand	5/20/20	Added to Preferred Tier
SOMATULINE DEPOT (lanreotide acetate extended release inj 120 mg/0.5ml)	Brand	4/17/20	Excluded
SOMATULINE DEPOT (lanreotide acetate extended release inj 60 mg/0.2ml)	Brand	4/17/20	Excluded
SOMATULINE DEPOT (lanreotide acetate extended release inj 90 mg/0.3ml)	Brand	4/17/20	Excluded
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available

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TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
TRACLEER (bosentan tab 125 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
TRACLEER (bosentan tab 62.5 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
TRIKAFTA (elxacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Brand	5/20/20	Added to Preferred Tier
TURALIO (pexidartinib hcl cap 200 mg (base equivalent))	Brand	3/15/20	Added to Preferred Tier
VESICARE (solifenacin succinate tab 10 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
VESICARE (solifenacin succinate tab 5 mg)	Brand	4/1/20	Moved to Non-Preferred Tier, generics available
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Brand	5/20/20	Added to Preferred Tier
VUMERITY (diroximel fumarate capsule dr starter bottle 231 mg)	Brand	5/20/20	Added to Preferred Tier
XELJANZ (tofacitinib citrate tab 10 mg (base equivalent))	Brand	5/20/20	Added to Preferred Tier
XELJANZ (tofacitinib citrate tab 5 mg (base equivalent))	Brand	5/20/20	Added to Preferred Tier
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg (base equivalent))	Brand	5/20/20	Added to Preferred Tier
XELJANZ XR (tofacitinib citrate tab er 24hr 22 mg (base equivalent))	Brand	5/20/20	Added to Preferred Tier
XPOVIO 100 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (100 mg once weekly))	Brand	3/15/20	Added to Preferred Tier
XPOVIO 60 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (60 mg once weekly))	Brand	3/15/20	Added to Preferred Tier
XPOVIO 80 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (80 mg once weekly))	Brand	3/15/20	Added to Preferred Tier
XPOVIO 80 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (80 mg twice weekly))	Brand	3/15/20	Added to Preferred Tier



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 (e.g. qualified sign language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY 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**.

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, 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, through the Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or 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** or **1-800-537-7697** (TDD). OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language assistance

Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.

如果您讲英语以外的语言，可获得免费帮助。请拨打您的身份证背面的号码。

영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.

Se você fala um idioma diferente do inglês, a ajuda está disponível gratuitamente. Ligue para o número no verso do seu bilhete de identidade.

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર કોલ.

Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego.

Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identità.

Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.

Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.

Si ou pale on lòt lang ke Anglè, gen ed ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.

यदि आप अंग्रेज़ी से भिन्न कोई अन्य भाषा बोलते हैं, तो निःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर .

Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.

Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.

إذا كنت تتحدث لغة أخرى غير الإنجليزية، نوفر لك المساعدة مجاناً. يُمكنك الاتصال بالرقم الموجود على ظهر بطاقة الهوية
اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بول سکتے ہیں تو مفت مدد دستیاب ہے۔ براہ مہربانی شناختی کارڈ کی پچھلی طرف درج شدہ نمبر پر کال کریں۔