

Horizon Blue Cross Blue Shield of New Jersey Horizon NJ AMT Formulary Updates

January 2025

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4ml)	Brand	1/1/25	Added to Preferred Tier
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 80 mg/0.8ml)	Brand	1/1/25	Added to Preferred Tier
ADALIMUMAB-AATY 2-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4ml)	Brand	1/1/25	Added to Preferred Tier
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 20 mg/0.2ml)	Brand	1/1/25	Added to Preferred Tier
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 40 mg/0.4ml)	Brand	1/1/25	Added to Preferred Tier
ALPRAZOLAM INTENSOL (alprazolam conc 1 mg/ml)	Brand	1/1/25	Moved to Non-Formulary
AUGTYRO (repotrectinib cap 160 mg)	Brand	11/10/24	Added to Preferred Tier
BACITRACIN (bacitracin ophth oint 500 unit/gm)	Brand	1/1/25	Added to Preferred Tier
ETOPOSIDE (etoposide cap 50 mg)	Brand	1/1/25	Added to Preferred Tier
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml)	Brand	1/1/25	Moved to Non-Formulary, generics available
LUMAKRAS (sotorasib tab 240 mg)	Brand	11/10/24	Added to Preferred Tier
MORPHINE SULFATE (morphine sulfate tab 15 mg)	Brand	1/1/25	Added to Preferred Tier
MORPHINE SULFATE (morphine sulfate tab 30 mg)	Brand	1/1/25	Added to Preferred Tier
MULPLETA (lusutrombopag tab 3 mg)	Brand	1/1/25	Moved to Non-Formulary
NICOTINE TRANSDERMAL SYSTEM (nicotine td patch 24 hr kit 21-14-7 mg/24hr)	Brand	1/1/25	Added to Preferred Tier
NOVAVAX COVID-19 VACCINE/2024-25 (covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml)	Brand	9/5/24	Added to Preferred Tier
NOVOLOG (insulin aspart inj soln 100 unit/ml)	Brand	1/1/25	Added to Preferred Tier
NOVOLOG FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Brand	1/1/25	Added to Preferred Tier
NOVOLOG FLEXPEN RELION (insulin aspart soln pen-injector 100 unit/ml)	Brand	1/1/25	Added to Preferred Tier
NOVOLOG PENFILL (insulin aspart soln cartridge 100 unit/ml)	Brand	1/1/25	Added to Preferred Tier
NOVOLOG RELION (insulin aspart inj soln 100 unit/ml)	Brand	1/1/25	Added to Preferred Tier
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	1/1/25	Added to Preferred Tier
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	1/1/25	Added to Preferred Tier
PREDNISONE (prednisone oral soln 5 mg/5ml)	Brand	1/1/25	Added to Preferred Tier
PROPRANOLOL HCL (propranolol hcl oral soln 40 mg/5ml)	Brand	1/1/25	Added to Preferred Tier
REXTOVY (naloxone hcl nasal spray 4 mg/0.25ml)	Brand	1/1/25	Added to Preferred Tier
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	1/1/25	Moved to Non-Formulary
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	1/1/25	Moved to Non-Formulary
SODIUM FLUORIDE (sodium fluoride tab 0.5 mg f (from 1.1 mg naf))	Brand	1/1/25	Added to Preferred Tier
SODIUM FLUORIDE (sodium fluoride tab 1 mg f (from 2.2 mg naf))	Brand	1/1/25	Added to Preferred Tier
TRIFLURIDINE (trifluridine ophth soln 1%)	Brand	1/1/25	Added to Preferred Tier
TYENNE (tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml)	Brand	1/1/25	Added to Preferred Tier
TYENNE (tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml)	Brand	1/1/25	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 èd 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۔