Horizon Blue Cross Blue Shield of New Jersey

Horizon Classic Formulary (Public sector and Labor) Updates

July 2026

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
ANALPRAM HC (hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%)	Brand	3/29/26	Added to Preferred Tier
ATROVENT HFA (ipratropium bromide hfa inhal aerosol 17 mcg/act)	Brand	7/1/26	Moved to Non-Preferred Tier, generics available
FARXIGA (dapagliflozin tab 10 mg)	Brand	6/15/26	Moved to Non-Preferred Tier, generics available
FARXIGA (dapagliflozin tab 5 mg)	Brand	6/15/26	Moved to Non-Preferred Tier, generics available
FORTEO (teriparatide soln pen-inj 560 mcg/2.24ml)	Brand	4/21/26	Moved to Non-Preferred Tier, generics available
IQIRVO (elafibranor tab 80 mg)	Brand	5/1/26	Added to Preferred Tier
JAKAFI XR (ruxolitinib phosphate tab er 24hr 11 mg (base equivalent))	Brand	6/1/26	Added to Preferred Tier
JAKAFI XR (ruxolitinib phosphate tab er 24hr 22 mg (base equivalent))	Brand	6/1/26	Added to Preferred Tier
JAKAFI XR (ruxolitinib phosphate tab er 24hr 33 mg (base equivalent))	Brand	6/1/26	Added to Preferred Tier
JAKAFI XR (ruxolitinib phosphate tab er 24hr 44 mg (base equivalent))	Brand	6/1/26	Added to Preferred Tier
JAKAFI XR (ruxolitinib phosphate tab er 24hr 55 mg (base equivalent))	Brand	6/1/26	Added to Preferred Tier
JUXTAPID (lomitapide mesylate cap 2 mg (base equiv))	Brand	4/12/26	Added to Preferred Tier
LUMIGAN (bimatoprost ophth soln 0.01%)	Brand	4/8/26	Moved to Non-Preferred Tier, generics available
LUPRON DEPOT (1-MONTH) (leuprolide acetate for inj kit 3.75 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT (1-MONTH) (leuprolide acetate for inj kit 7.5 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT (3-MONTH) (leuprolide acetate (3 month) for inj kit 11.25 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT (3-MONTH) (leuprolide acetate (3 month) for inj kit 22.5 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT (4-MONTH) (leuprolide acetate (4 month) for inj kit 30 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT (6-MONTH) (leuprolide acetate (6 month) for inj kit 45 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT-PED (1-MONTH) (leuprolide acetate for inj pediatric kit 11.25 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT-PED (1-MONTH) (leuprolide acetate for inj pediatric kit 15 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT-PED (1-MONTH) (leuprolide acetate for inj pediatric kit 7.5 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT-PED (3-MONTH) (leuprolide acetate (3 month) for inj pediatric kit 11.25 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT-PED (3-MONTH) (leuprolide acetate (3 month) for inj pediatric kit 30 mg)	Brand	12/1/25	Excluded
LUPRON DEPOT-PED (6-MONTH) (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Brand	12/1/25	Excluded
MAVENCLAD (cladribine tab therapy pack 10 mg (10 tabs))	Brand	5/1/26	Moved to Non-Preferred Tier, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs))	Brand	5/1/26	Moved to Non-Preferred Tier, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (5 tabs))	Brand	5/1/26	Moved to Non-Preferred Tier, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (6 tabs))	Brand	5/1/26	Moved to Non-Preferred Tier, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (7 tabs))	Brand	5/1/26	Moved to Non-Preferred Tier, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (8 tabs))	Brand	5/1/26	Moved to Non-Preferred Tier, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (9 tabs))	Brand	5/1/26	Moved to Non-Preferred Tier, generics available

Continued

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
MICROLET NEXT LANCETS (*lancets***)	Brand	3/15/26	Added to Preferred Tier
OZEMPIC (semaglutide tab 1.5 mg)	Brand	4/19/26	Added to Preferred Tier
OZEMPIC (semaglutide tab 4 mg)	Brand	4/19/26	Added to Preferred Tier
OZEMPIC (semaglutide tab 9 mg)	Brand	4/19/26	Added to Preferred Tier
POMALYST (pomalidomide cap 1 mg)	Brand	6/1/26	Moved to Non-Preferred Tier, generics available
POMALYST (pomalidomide cap 2 mg)	Brand	6/1/26	Moved to Non-Preferred Tier, generics available
POMALYST (pomalidomide cap 3 mg)	Brand	6/1/26	Moved to Non-Preferred Tier, generics available
POMALYST (pomalidomide cap 4 mg)	Brand	6/1/26	Moved to Non-Preferred Tier, generics available
STEQEYMA (ustekinumab-stba subcutaneous soln 45 mg/0.5ml)	Brand	4/7/26	Added to Preferred Tier
TASIGNA (nilotinib hcl cap 150 mg (base equivalent))	Brand	6/1/26	Moved to Non-Preferred Tier, generics available
TASIGNA (nilotinib hcl cap 200 mg (base equivalent))	Brand	6/1/26	Moved to Non-Preferred Tier, generics available
TASIGNA (nilotinib hcl cap 50 mg (base equivalent))	Brand	6/1/26	Moved to Non-Preferred Tier, generics available
TRUQAP (capivasertib tab 200 mg)	Brand	7/1/26	Added to Preferred Tier
TRUQAP (capivasertib tab therapy pack 160 mg)	Brand	7/1/26	Added to Preferred Tier
TRUQAP (capivasertib tab therapy pack 200 mg)	Brand	7/1/26	Added to Preferred Tier
USTEKINUMAB-AAUZ (ustekinumab-aauz soln prefilled syringe 45 mg/0.5ml)	Brand	4/15/26	Added to Preferred Tier
USTEKINUMAB-AAUZ (ustekinumab-aauz soln prefilled syringe 90 mg/ml)	Brand	4/15/26	Added to Preferred Tier
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg)	Brand	7/1/26	Moved to Non-Preferred Tier, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg)	Brand	7/1/26	Moved to Non-Preferred Tier, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg)	Brand	7/1/26	Moved to Non-Preferred Tier, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg)	Brand	7/1/26	Moved to Non-Preferred Tier, generics available
XIGDUO XR (dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg)	Brand	7/1/26	Moved to Non-Preferred Tier

Notice of Availability

If you speak English, free language assistance services and auxiliary aids are available to provide information in accessible formats. Call the number on the back of your member ID card for help.

Si habla español, hay servicios gratuitos de asistencia lingüística y ayudas auxiliares disponibles para proporcionar información en formatos accesibles. Llame al número que figura en el reverso de su tarjeta de identificación de miembro para obtener ayuda.

如果您說中文，我們提供免費的語言協助服務和輔助工具，以無障礙格式提供資訊。請撥打您的會員 ID 卡背面的電話號碼尋求協助。

한국어를 사용하시는 경우, 무료 언어 지원 서비스 및 보조 기구를 통해 접근 가능한 형식으로 정보를 제공받을 수 있습니다. 도움이 필요하시면 가입자 ID 카드 뒷면에 있는 번호로 전화하시기 바랍니다.

Se fala português, estão disponíveis serviços de assistência linguística e auxiliares gratuitos para fornecer informações em formatos acessíveis. Telefone para o número no verso do seu cartão de identificação de associado para obter ajuda.

જો તમે ગુજરાતી બોલતા હોવ, તો સુલભ ફોર્મેટમાાં માહહતી પૂરી પાડવા માટે નનિઃશુલ્ક ભાષા સહાય સેવાઓ અને પૂરક સહાયો ઉપલબ્ધ છે. મદદ માટે તમારા સભ્ય આઈડી કાડડની પાછળના નાંબર પર કૉલ કરો.

Jeśli posługujesz się językiem polski, dostępne są bezpłatne usługi wsparcia językowego i materiały pomocnicze w celu przekazania informacji w przystępnym formacie. Aby uzyskać pomoc, zadzwoń pod numer podany na odwrocie identyfikacyjnej karty członkowskiej.

Se parlate italiano, sono disponibili servizi gratuiti di assistenza linguistica e ausili aggiuntivi per fornire informazioni in formati accessibili. Chiamate il numero sul retro della Vostra tessera identificativa per ricevere assistenza.

إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية المجانية والمساعدات الإضافية لتوفير المعلومات بصيغ يسهل الوصول إليها. اتصل بالرقم الموجود على ظهر بطاقة هوية العضو للحصول على المساعدة.

Kung nagsasalita ka ng Tagalog, handang magamit ang mga libreng tulong na serbisyo sa wika at mga auxiliary na tulong para magbigay ng impormasyon sa mga naa-access na format. Tawagan ang numero sa likod ng iyong kard ng pagkakakilanlan bilang miyembro para sa tulong.

Если вы говорите на Русский язык, мы готовы бесплатно предоставить услуги переводчика и вспомогательные средства для получения информации в доступных форматах. Для получения помощи позвоните по номеру, указанному на обратной стороне вашей карточки участника.

Si w pale Kreyòl Ayisyen, sèvis asistans lang gratis ak èd oksilyè disponib pou bay enfòmasyon nan fòma ki aksesib. Rele nimewo ki sou do kat manm ou a pou èd.

यदि आप ह िंदी बोलते हैं, तो सुलभ प्रारूपों में जानकारी प्रिान करने के ललए ननिःशुल्क भाषा सहायता सेवाएं और सहायक साधन उपलब्ध हैं। मिि के ललए अपने सिस्य आईडी काडड के पीछे दिए गए नंबर पर कॉल करें।

Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí và công cụ hỗ trợ để cung cấp thông tin ở các định dạng có thể truy cập. Hãy gọi số điện thoại ở mặt sau thẻ nhận dạng thành viên của bạn để được trợ giúp.

Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, ainsi que des outils auxiliaires fournissant des informations dans des formats accessibles. Pour recevoir de l'aide, appelez le numéro indiqué au dos de votre carte de membre.

اگرآپ اردو بول ےت ہ نی، تومفت زبان کی مددکی خدمات اور معاون امداد ایک قابل رسا یئ شکل م نی معلومات کی فراہمی کے ل نی دستیاب ہ نی. مدد کے ل نی اپ ےت مم رب آ یئ ڈی کارڈ کی پشت پرموجود نم رب پرکال کریں.

আপনি যনি বাাংলায় ভাষায় কথা বললি, তাহলল সহজলভয ফরম্যালে তথয প্রালিরি জযি নবামিুললয ভাষা সহায়তা পনরলষবা ও সহায়ক উপকরণ উপলব্ধ রলয়লে। সাহালযযর জযি আপারি সসিয আইনি কালিে র নপলে দিওয়া নম্বরে কল করুি।

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