

Horizon Blue Cross Blue Shield of New Jersey

Horizon Classic Formulary Updates

October 2026

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
AUTOKEEPER/SAFETY PEN NEEDLE/30G X 5MM (insulin pen needle 30 g x 5 mm (1/5" or 3/16"))	Brand	8/2/26	Added to Preferred Tier
AUTOKEEPER/SAFETY PEN NEEDLE/30G X 8MM (insulin pen needle 30 g x 8 mm (1/3" or 5/16"))	Brand	8/2/26	Added to Preferred Tier
AVTOZMA (tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9ml)	Brand	8/1/26	Added to Preferred Tier
AVTOZMA (tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9ml)	Brand	8/1/26	Added to Preferred Tier
BOSULIF (bosutinib tab 100 mg)	Brand	9/1/26	Moved to Non-Formulary, generics available
BOSULIF (bosutinib tab 400 mg)	Brand	9/1/26	Moved to Non-Formulary, generics available
BOSULIF (bosutinib tab 500 mg)	Brand	9/1/26	Moved to Non-Formulary, generics available
EMBECTA SAFETY INSULIN SYRINGE/ULTRA-FINE/0.5ML/31G X 6MM (insulin syringe/needle U-100 1/2 ml 31 x 15/64")	Brand	8/9/26	Added to Preferred Tier
FIASP PUMPCART (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Brand	9/1/26	Added to Preferred Tier
FLUAD 2026-2027 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Brand	7/12/26	Added to Preferred Tier
FLUARIX 2026-2027 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/19/26	Added to Preferred Tier
FLUBLOK 2026-2027 (influenza virus vacc recombinant ha pf soln pref syr 0.5 ml)	Brand	7/19/26	Added to Preferred Tier
FLUCELVAX 2026-2027 (influenza virus vac tiss-cult subunit susp pref syr 0.5 ml)	Brand	7/12/26	Added to Preferred Tier
FLULAVAL 2026-2027 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/26/26	Added to Preferred Tier
FLUMIST NASAL VACCINE 2026-2027 (influenza virus vaccine live intranasal liquid)	Brand	8/2/26	Added to Preferred Tier
FLUZONE 2026-2027 (influenza virus vaccine split im susp)	Brand	7/19/26	Added to Preferred Tier
FLUZONE 2026-2027 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/19/26	Added to Preferred Tier
FLUZONE HIGH-DOSE 2026-2027 (influenza virus vac split high-dose pf susp pref syr 0.5ml)	Brand	7/19/26	Added to Preferred Tier
INCRUSE ELLIPTA (umeclidinium br aero powd breath act 62.5 mcg/act (base eq))	Brand	8/1/26	Moved to Non-Formulary
ISENTRESS HD (raltegravir potassium tab 600 mg (base equiv))	Brand	8/1/26	Moved to Non-Formulary
JANUMET (sitagliptin phosphate-metformin hcl tab 50-1000 mg)	Brand	6/10/26	Moved to Non-Formulary, generics available
JANUMET (sitagliptin phosphate-metformin hcl tab 50-500 mg)	Brand	6/10/26	Moved to Non-Formulary, generics available
JANUMET XR (sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg)	Brand	8/1/26	Moved to Non-Formulary, generics available
JANUMET XR (sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg)	Brand	8/1/26	Moved to Non-Formulary, generics available
JANUMET XR (sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg)	Brand	8/1/26	Moved to Non-Formulary, generics available
JANUVIA (sitagliptin phosphate tab 100 mg (base equiv))	Brand	6/10/26	Moved to Non-Formulary, generics available
JANUVIA (sitagliptin phosphate tab 25 mg (base equiv))	Brand	6/10/26	Moved to Non-Formulary, generics available
JANUVIA (sitagliptin phosphate tab 50 mg (base equiv))	Brand	6/10/26	Moved to Non-Formulary, generics available
NOVOLOG (insulin aspart inj soln 100 unit/ml)	Brand	8/28/26	Added to Preferred Tier
NOVOLOG FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Brand	8/28/26	Added to Preferred Tier
NOVOLOG FLEXPEN RELION (insulin aspart soln pen-injector 100 unit/ml)	Brand	8/28/26	Added to Preferred Tier

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TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Description of Change
NOVOLOG PENFILL (insulin aspart soln cartridge 100 unit/ml)	Brand	8/28/26	Added to Preferred Tier
NOVOLOG RELION (insulin aspart inj soln 100 unit/ml)	Brand	8/28/26	Added to Preferred Tier
OPSUMIT (macitentan tab 10 mg)	Brand	9/1/26	Moved to Non-Formulary, generics available
PIQRAY 200MG DAILY DOSE (alpelisib tab therapy pack 200 mg daily dose)	Brand	8/1/26	Moved to Non-Formulary
PIQRAY 250MG DAILY DOSE (alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs))	Brand	8/1/26	Moved to Non-Formulary
PIQRAY 300MG DAILY DOSE (alpelisib tab pack 300 mg daily dose (2x150 mg tab))	Brand	8/1/26	Moved to Non-Formulary
SECURESAFE DUAL SAFETY PEN NEEDLE 31G X 3/16 (insulin pen needle 31 g x 5 mm (1/5" or 3/16"))	Brand	5/31/26	Added to Preferred Tier
SKYRIZI (risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml)	Brand	7/12/26	Added to Preferred Tier
TOPFINE/INSULIN PEN NEEDLE/32G X 4MM (insulin pen needle 32 g x 4 mm (1/6" or 5/32"))	Brand	8/2/26	Added to Preferred Tier
TRIUMEQ (abacavir-dolutegravir-lamivudine tab 600-50-300 mg)	Brand	8/1/26	Moved to Non-Formulary
UMECLIDINIUM ELLIPTA (umeclidinium br aero powd breath act 62.5 mcg/act (base eq))	Brand	8/1/26	Added to Preferred Tier
UNIFINE ULTRA PEN NEEDLE/29G X 12MM (insulin pen needle 29 g x 12 mm (1/2"))	Brand	7/5/26	Added to Preferred Tier
UNIFINE ULTRA PEN NEEDLE/32G X 6MM (insulin pen needle 32 g x 6 mm (1/4" or 15/64"))	Brand	7/5/26	Added to Preferred Tier
UNIFINE ULTRA PEN NEEDLE/34G/3.5MM (insulin pen needle 34 g x 3.5 mm (9/64"))	Brand	7/5/26	Added to Preferred Tier
XALKORI (crizotinib cap 200 mg)	Brand	8/1/26	Moved to Non-Formulary
XALKORI (crizotinib cap 250 mg)	Brand	8/1/26	Moved to Non-Formulary
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Brand	9/1/26	Moved to Non-Formulary, generics available
XELJANZ (tofacitinib citrate tab 10 mg (base equivalent))	Brand	9/1/26	Moved to Non-Formulary, generics available
XELJANZ (tofacitinib citrate tab 5 mg (base equivalent))	Brand	9/1/26	Moved to Non-Formulary, generics available
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg (base equivalent))	Brand	9/1/26	Moved to Non-Formulary, generics available
XELJANZ XR (tofacitinib citrate tab er 24hr 22 mg (base equivalent))	Brand	9/1/26	Moved to Non-Formulary, generics available

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 ફોમેટમાં માહિતી પૂરી પાડવા માટે નનિ:શુલ્ક ભાષા સહાયતા સેવાઓ અને પૂરક સહાયો ઉપલબ્ધ છે. મદદ માટે તમારા સભ્ય આઈડી કાર્ડની પાછળના નંબર 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 fòm ki aksesib. Rele nimewo ki sou do kat manm ou a pou èd.

यदि आप हिंदी बोलते हैं, तो सुलभ प्रारूपों में जानकारी प्रदान करने के ललए ननि:शुल्क भाषा सहायता सेवाएं और सहायक साधन उपलब्ध हैं। मिि के ललए अपने सिस्स आईडी कार्ड 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.

اگر آپ اردو بولتے ہ نی، تومفت زبان کی مددکی خدمات اور معاون امداد ایک قابل رسائی شکل م نی معلومات کی فراہمی کے ل نی دستیاب ہ نی. مدد کے ل نی اپ ےت مم رب آ یٹ ڈی کارڈ کی پشت پر موجود نم رب پرکال کریں.

আপনি যদি বাংলায় ভাষায় কথা বললি, তাহলে সহজলভ্য ফর্ম্যাটে তথ্য প্রদানির জমি নব্বিমূললয় ভাষা সহায়তা পনরলম্বা ও সহায়ক উপকরণ উপলব্ধ রলয়লে। সাহায্যর জমি আপার সসিষ আইনি কালারি নপলে দিওয়া নম্বর. কল করু।