

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

April 2024

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
ABRYSV0 (rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
ACTHIB (haemophilus b polysaccharide conjugate vaccine for inj)	Brand	1/1/24	Added to Preferred Tier
ADACEL (tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
AFLURIA QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	1/1/24	Added to Preferred Tier
AFLURIA QUADRIVALENT 2023-2024 (influenza virus vaccine split quadrivalent im inj)	Brand	1/1/24	Added to Preferred Tier
AREXVY (rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1ml)	Brand	2/1/24	Added to Preferred Tier
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000))	Brand	2/1/24	Added to Preferred Tier
AUVI-Q (epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))	Brand	2/1/24	Added to Preferred Tier
BEXSERO (meningococcal vac b (recomb omv adjuv) inj prefilled syringe)	Brand	1/1/24	Added to Preferred Tier
BOOSTRIX (tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
BOOSTRIX (tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
COMIRNATY 2023-24 (covid-19 mma vac tris-pfizer im susp pref syr 30 mcg/0.3ml)	Brand	1/1/24	Added to Preferred Tier
COMIRNATY 2023-24 (covid-19 mma vac tris-sucrose-pfizer im susp 30 mcg/0.3ml)	Brand	1/1/24	Added to Preferred Tier
DAPTACEL (diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml)	Brand	1/1/24	Added to Preferred Tier
ENGERIX-B (hepatitis b vaccine (recombinant) susp 20 mcg/ml)	Brand	1/1/24	Added to Preferred Tier
ENGERIX-B (hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
ENGERIX-B (hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml)	Brand	1/1/24	Added to Preferred Tier
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml (base equivalent))	Brand	3/15/24	Moved to Non-Formulary, generics available
FIRVANQ (vancomycin hcl for oral soln 50 mg/ml (base equivalent))	Brand	3/15/24	Moved to Non-Formulary, generics available
FLUAD QUADRIVALENT 2023-2024 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Brand	1/1/24	Added to Preferred Tier
FLUARIX QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	1/1/24	Added to Preferred Tier
FLUBLOK QUADRIVALENT 2023-2024 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Brand	1/1/24	Added to Preferred Tier
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tiss-cult subunit quad susp pref syr 0.5 ml)	Brand	1/1/24	Added to Preferred Tier
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tissue-cultured subunit quadrivalent im susp)	Brand	1/1/24	Added to Preferred Tier
FLULAVAL QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	1/1/24	Added to Preferred Tier
FLUMIST QUADRIVALENT (influenza virus vaccine live quadrivalent intranasal susp)	Brand	1/1/24	Added to Preferred Tier
FLUZONE HIGH-DOSE PF 2023-2024 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Brand	1/1/24	Added to Preferred Tier
FLUZONE QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	1/1/24	Added to Preferred Tier
FLUZONE QUADRIVALENT 2023-2024 (influenza virus vaccine split quadrivalent im inj)	Brand	1/1/24	Added to Preferred Tier
GARDASIL 9 (human papillomavirus (hvp) 9-valent recomb vac im susp)	Brand	1/1/24	Added to Preferred Tier
GARDASIL 9 (human papillomavirus (hvp) 9-valent recomb vac susp pref syr)	Brand	1/1/24	Added to Preferred Tier
HAVRIX (hepatitis a vaccine inj susp 1440 el unit/ml)	Brand	1/1/24	Added to Preferred Tier
HAVRIX (hepatitis a vaccine inj susp 720 el unit/0.5ml)	Brand	1/1/24	Added to Preferred Tier
HEPLISAV-B (hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
HIBERIX (haemophilus b polysaccharide conjugate vac for inj 10 mcg)	Brand	1/1/24	Added to Preferred Tier
IMOVAX RABIES (H.D.C.V.) (rabies virus vaccine, hdc for inj susp)	Brand	1/1/24	Added to Preferred Tier
INFANRIX (diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml)	Brand	1/1/24	Added to Preferred Tier
IPOL INACTIVATED IPV (poliovirus vaccine, ipv injection)	Brand	1/1/24	Added to Preferred Tier

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KINRIX (diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)	Brand	1/1/24	Added to Preferred Tier
MENQUADFI (meningococcal (a, c, y, and w-135) tetanus conjugate vaccine)	Brand	1/1/24	Added to Preferred Tier
MENVEO (meningococcal (a, c, y, and w-135) oligo conj vac for inj)	Brand	1/1/24	Added to Preferred Tier
MENVEO (meningococcal (a, c, y, and w-135) oligo conj vac im soln)	Brand	1/1/24	Added to Preferred Tier
M-M-R II (measles-mumps-rubella virus vaccines for inj soln)	Brand	1/1/24	Added to Preferred Tier
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 (covid-19 mma vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml)	Brand	1/1/24	Added to Preferred Tier
NORVIR (ritonavir powder packet 100 mg)	Brand	12/12/23	Moved to Non-Formulary
NOVAVAX COVID-19 VACCINE/2023-24 (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
PEDIARIX (diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr)	Brand	1/1/24	Added to Preferred Tier
PEDVAX HIB (haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml)	Brand	1/1/24	Added to Preferred Tier
PENTACEL (diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp)	Brand	1/1/24	Added to Preferred Tier
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 (covid-19 mma vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)	Brand	1/1/24	Added to Preferred Tier
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 (covid-19 mma vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml)	Brand	1/1/24	Added to Preferred Tier
PNEUMOVAX 23 (pneumococcal vaccine polyvalent inj 25 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
PNEUMOVAX 23/1 DOSE (pneumococcal vaccine polyvalent inj 25 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
PREHEVBRIO (hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml)	Brand	1/1/24	Added to Preferred Tier
PREVNAR 13 (pneumococcal 13-valent conjugate vaccine inj)	Brand	1/1/24	Added to Preferred Tier
PREVNAR 20 (pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)	Brand	1/1/24	Added to Preferred Tier
PRIORIX (measles-mumps-rubella virus vaccines for subcutaneous susp)	Brand	1/1/24	Added to Preferred Tier
PROQUAD (measles-mumps-rubella-varicella virus vaccines for susp)	Brand	1/1/24	Added to Preferred Tier
QUADRACEL (diph-tetanus tox ad-acell pert & polio virus, ipv vac inj)	Brand	1/1/24	Added to Preferred Tier
QUADRACEL (diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)	Brand	1/1/24	Added to Preferred Tier
RABAVERT (rabies vaccine, pcec for inj)	Brand	1/1/24	Added to Preferred Tier
RECOMBIVAX HB (hepatitis b vaccine (recombinant) susp 10 mcg/ml)	Brand	1/1/24	Added to Preferred Tier
RECOMBIVAX HB (hepatitis b vaccine (recombinant) susp 40 mcg/ml)	Brand	1/1/24	Added to Preferred Tier
RECOMBIVAX HB (hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
RECOMBIVAX HB (hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml)	Brand	1/1/24	Added to Preferred Tier
RECOMBIVAX HB (hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
ROTARIX (rotavirus vaccine, live oral susp)	Brand	1/1/24	Added to Preferred Tier
ROTATEQ (rotavirus vaccine, live oral pentavalent soln)	Brand	1/1/24	Added to Preferred Tier
SHINGRIX (zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
SPIKEVAX COVID-19 VACCINE/2023-24 (covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
SPIKEVAX COVID-19 VACCINE/2023-24 (covid-19 mma vaccine-moderna im susp pref syr 50 mcg/0.5ml)	Brand	1/1/24	Added to Preferred Tier
TDVAX (tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml)	Brand	1/1/24	Added to Preferred Tier
TENIVAC (tetanus-diphtheria toxoids (td) inj 5-2 lfu)	Brand	1/1/24	Added to Preferred Tier
TRUMENBA (meningococcal group b vac (recomb) im susp prefilled syr)	Brand	1/1/24	Added to Preferred Tier
TWINRIX (hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml)	Brand	1/1/24	Added to Preferred Tier
VAQTA (hepatitis a vaccine inj susp 25 unit/0.5ml)	Brand	1/1/24	Added to Preferred Tier
VAQTA (hepatitis a vaccine inj susp 50 unit/ml)	Brand	1/1/24	Added to Preferred Tier
VARIVAX (varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml)	Brand	1/1/24	Added to Preferred Tier
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr)	Brand	1/1/24	Added to Preferred Tier
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp)	Brand	1/1/24	Added to Preferred Tier
VAXNEUVANCE (pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)	Brand	1/1/24	Added to Preferred Tier
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	Brand	3/15/24	Moved to Non-Formulary, generics available
XOLAIR (omalizumab subcutaneous soln auto-injector 150 mg/ml)	Brand	2/18/24	Added to Preferred Tier
XOLAIR (omalizumab subcutaneous soln auto-injector 300 mg/2ml)	Brand	2/18/24	Added to Preferred Tier

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
XOLAIR (omalizumab subcutaneous soln auto-injector 75 mg/0.5ml)	Brand	2/18/24	Added to Preferred Tier
XOLAIR (omalizumab subcutaneous soln prefilled syringe 300 mg/2ml)	Brand	2/18/24	Added to Preferred Tier
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit)	Brand	12/31/23	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۔