

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



October 2020

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml)	Brand	5/20/20	Added to Preferred Tier
BAQSIMI ONE PACK (glucagon nasal powder 3 mg/dose)	Brand	10/1/20	Added to Preferred Tier
BAQSIMI TWO PACK (glucagon nasal powder 3 mg/dose)	Brand	10/1/20	Added to Preferred Tier
DARAPRIM (pyrimethamine tab 25 mg)	Brand	7/17/20	Moved to Non-Preferred Tier, generics available
DEXCOM G6 RECEIVER (*continuous blood glucose system receiver***)	Brand	8/1/20	Added to Preferred Tier
DEXCOM G6 SENSOR (*continuous blood glucose system sensor***)	Brand	8/1/20	Added to Preferred Tier
DEXCOM G6 TRANSMITTER (*continuous blood glucose system transmitter***)	Brand	8/1/20	Added to Preferred Tier
DOVATO (dolutegravir sodium-lamivudine tab 50-300 mg (base eq))	Brand	8/24/20	Added to Preferred Tier
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml)	Brand	6/19/20	Added to Preferred Tier
ENBREL (etanercept subcutaneous inj 25 mg/0.5ml)	Brand	7/26/20	Added to Preferred Tier
HARVONI (ledipasvir-sofosbuvir pellet pack 33.75-150 mg)	Brand	5/24/20	Added to Preferred Tier
HARVONI (ledipasvir-sofosbuvir pellet pack 45-200 mg)	Brand	5/24/20	Added to Preferred Tier
JADENU (deferasirox tab 180 mg)	Brand	7/17/20	Moved to Non-Preferred Tier, generics available
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv))	Brand	7/22/20	Moved to Non-Preferred Tier, generics available
REPATHA (evolocumab subcutaneous soln prefilled syringe 140 mg/ml)	Brand	9/1/20	Added to Preferred Tier
REPATHA PUSHTRONEX SYSTEM (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml)	Brand	9/1/20	Added to Preferred Tier
REPATHA SURECLICK (evolocumab subcutaneous soln auto-injector 140 mg/ml)	Brand	9/1/20	Added to Preferred Tier
SAMSCA (tolvaptan tab 30 mg)	Brand	7/17/20	Moved to Non-Preferred Tier, generics available
SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	Brand	10/1/20	Added to Preferred Tier
SOVALDI (sofosbuvir pellet pack 150 mg)	Brand	5/24/20	Added to Preferred Tier
SOVALDI (sofosbuvir pellet pack 200 mg)	Brand	5/24/20	Added to Preferred Tier
TAZVERIK (tazemetostat hbr tab 200 mg)	Brand	8/24/20	Added to Preferred Tier
XPOVIO 40 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (40 mg once weekly))	Brand	7/5/20	Added to Preferred Tier
XPOVIO 40 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (40 mg twice weekly))	Brand	7/5/20	Added to Preferred Tier
XPOVIO 60 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (60 mg twice weekly))	Brand	7/5/20	Added to Preferred Tier
XULTOPHY 100/3.6 (insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml)	Brand	10/1/20	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 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۔