Horizon Blue Cross Blue Shield of New Jersey

Horizon Classic Formulary Updates

July 2025

TRADE NAME (generic name)	Brand/Generic Product	Description of Change
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml)	Brand	Moved to Non-Formulary
ADALIMUMAB-AATY CD/UC/HSSTARTER (adalimumab-aaty auto-injector kit 80 mg/0.8ml)	Brand	Added to Preferred Tier
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1ml)	Brand	Moved to Non-Formulary
HUMIRA (adalimumab prefilled syringe kit 20 mg/0.2ml)	Brand	Moved to Non-Formulary
HUMIRA (adalimumab prefilled syringe kit 40 mg/0.4ml)	Brand	Moved to Non-Formulary
HUMIRA (adalimumab prefilled syringe kit 40 mg/0.8ml)	Brand	Moved to Non-Formulary
HUMIRA PEN (adalimumab auto-injector kit 40 mg/0.4ml)	Brand	Moved to Non-Formulary
HUMIRA PEN (adalimumab auto-injector kit 40 mg/0.8ml)	Brand	Moved to Non-Formulary
HUMIRA PEN (adalimumab auto-injector kit 80 mg/0.8ml)	Brand	Moved to Non-Formulary
HUMIRA PEN-CD/UC/HS STARTER (adalimumab auto-injector kit 80 mg/0.8ml)	Brand	Moved to Non-Formulary
HUMIRA PEN-PS/UV STARTER (adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml)	Brand	Moved to Non-Formulary
HYDROCODONE BITARTRATE/ACETAMINOPHEN (hydrocodone-acetaminophen tab 2.5-325 mg)	Brand	Added to Preferred Tier
KALYDECO (ivacaftor packet 5.8 mg)	Brand	Added to Preferred Tier
MESNEX (mesna tab 400 mg)	Brand	Moved to Non-Formulary, generics available
PAXLOVID (nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak)	Brand	Added to Preferred Tier
SPRYCEL (dasatinib tab 100 mg)	Brand	Moved to Non-Formulary, generics available
SPRYCEL (dasatinib tab 140 mg)	Brand	Moved to Non-Formulary, generics available
SPRYCEL (dasatinib tab 20 mg)	Brand	Moved to Non-Formulary, generics available
SPRYCEL (dasatinib tab 50 mg)	Brand	Moved to Non-Formulary, generics available
SPRYCEL (dasatinib tab 70 mg)	Brand	Moved to Non-Formulary, generics available
SPRYCEL (dasatinib tab 80 mg)	Brand	Moved to Non-Formulary, generics available
STELARA (ustekinumab inj 45 mg/0.5ml)	Brand	Moved to Non-Formulary
STELARA (ustekinumab soln prefilled syringe 45 mg/0.5ml)	Brand	Moved to Non-Formulary
STELARA (ustekinumab soln prefilled syringe 90 mg/ml)	Brand	Moved to Non-Formulary
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5ml)	Brand	Added to Preferred Tier
STEQEYMA (ustekinumab-stba soln prefilled syringe 90 mg/ml)	Brand	Added to Preferred Tier
TREMFYA INDUCTION PACK FOR CROHNS DISEASE (guselkumab soln auto-injector 200 mg/2ml)	Brand	Added to Preferred Tier
TREMFYA PEN (guselkumab soln auto-injector 100 mg/ml)	Brand	Added to Preferred Tier
VORANIGO (vorasidenib tab 10 mg)	Brand	Added to Preferred Tier
VORANIGO (vorasidenib tab 40 mg)	Brand	Added to Preferred Tier
XPOVIO (selinexor tab therapy pack 10 mg (40 mg once weekly))	Brand	Added to Preferred Tier
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml)	Brand	Added to Preferred Tier
YESINTEK (ustekinumab-kfce soln prefilled syringe 90 mg/ml)	Brand	Added to Preferred Tier
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5ml)	Brand	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，可获取免费帮助。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 આઇડી કાર્ડની પાછળ આપેલા નંબર પર કૉલ.
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'identificaz ione.
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، فإن المساعدة المجانية متوفرة لك. اتصل بالرقم الموجود على ظهر بطاقة الهوية
اگر آپ انگریزی کے علاوہ کوئی اور زبان بولتے ہیں تو مفت مدد دستیاب ہے۔ اپنے ID کارڈ کی پشت پر دیئے گئے نمبر پر کال کریں۔