

# Horizon Blue Cross Blue Shield of New Jersey Horizon NJ AMT Formulary Updates

October 2024

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change
ADBRY (tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml)	Brand	6/30/24	Added to Preferred Tier
AFLURIA 2024-2025 (influenza virus vaccine split im susp)	Brand	7/14/24	Added to Preferred Tier
AFLURIA 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/14/24	Added to Preferred Tier
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8ml)	Brand	8/1/24	Moved to Non-Formulary
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2ml)	Brand	8/1/24	Moved to Non-Formulary
AMJEVITA (adalimumab-atto soln prefilled syringe 20 mg/0.4ml)	Brand	8/1/24	Moved to Non-Formulary
AMJEVITA (adalimumab-atto soln prefilled syringe 40 mg/0.8ml)	Brand	8/1/24	Moved to Non-Formulary
AUGTYRO (reprotectinib cap 40 mg)	Brand	7/1/24	Added to Preferred Tier
COMIRNATY 2024-25 (covid-19 mma vac tris-pfizer im susp pref syr 30 mcg/0.3ml)	Brand	8/25/24	Added to Preferred Tier
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	7/28/24	Added to Preferred Tier
CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM (blood glucose monitoring kit w/ device)	Brand	7/28/24	Added to Preferred Tier
FLUAD 2024-2025 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Brand	7/14/24	Added to Preferred Tier
FLUARIX 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/14/24	Added to Preferred Tier
FLUBLOK 2024-2025 (influenza virus vacc recombinant ha pf soln pref syr 0.5 ml)	Brand	7/21/24	Added to Preferred Tier
FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit im susp)	Brand	7/14/24	Added to Preferred Tier
FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit susp pref syr 0.5 ml)	Brand	7/14/24	Added to Preferred Tier
FLULAVAL 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/14/24	Added to Preferred Tier
FLUMIST NASAL VACCINE 2024-2025 (influenza virus vaccine live intranasal liquid)	Brand	8/11/24	Added to Preferred Tier
FLUZONE 2024-2025 (influenza virus vaccine split im susp)	Brand	7/21/24	Added to Preferred Tier
FLUZONE 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/21/24	Added to Preferred Tier
FLUZONE HIGH-DOSE 2024-2025 (influenza virus vac split high-dose pf susp pref syr 0.5ml)	Brand	7/21/24	Added to Preferred Tier
FOSRENOL (lanthanum carbonate oral powder pack 1000 mg (elemental))	Brand	6/15/24	Moved to Non-Formulary
FOSRENOL (lanthanum carbonate oral powder pack 750 mg (elemental))	Brand	6/15/24	Moved to Non-Formulary
HUMALOG (insulin lispro inj soln 100 unit/ml)	Brand	10/1/24	Added to Preferred Tier
HUMALOG (insulin lispro soln cartridge 100 unit/ml)	Brand	10/1/24	Added to Preferred Tier
HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial))	Brand	10/1/24	Added to Preferred Tier
HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/ml (1 unit dial))	Brand	10/1/24	Added to Preferred Tier
HUMALOG KWIKPEN (insulin lispro soln pen-injector 200 unit/ml)	Brand	10/1/24	Added to Preferred Tier
HUMALOG MIX 50/50 (insulin lispro protamine & lispro inj 100 unit/ml (50-50))	Brand	10/1/24	Added to Preferred Tier
HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50))	Brand	10/1/24	Added to Preferred Tier
HUMALOG MIX 75/25 (insulin lispro prot & lispro inj 100 unit/ml (75-25))	Brand	10/1/24	Added to Preferred Tier
HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25))	Brand	10/1/24	Added to Preferred Tier
HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/ml)	Brand	10/1/24	Added to Preferred Tier
HUMULIN 70/30 (insulin nph isophane & regular human inj 100 unit/ml (70-30))	Brand	10/1/24	Added to Preferred Tier
HUMULIN 70/30 KWIKPEN (insulin nph & regular susp pen-inj 100 unit/ml (70-30))	Brand	10/1/24	Added to Preferred Tier
HUMULIN N (insulin nph (human) (isophane) inj 100 unit/ml)	Brand	10/1/24	Added to Preferred Tier
HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Brand	10/1/24	Added to Preferred Tier
HUMULIN R (insulin regular (human) inj 100 unit/ml)	Brand	10/1/24	Added to Preferred Tier
LUPRON DEPOT-PED (6-MONTH) (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Brand	7/1/24	Added to Preferred Tier

Continued

<b>TRADE NAME (generic name)</b>	<b>Brand/ Generic Product</b>	<b>Effective Date</b>	<b>Description of Change</b>
LYUMJEV (insulin lispro-aabc inj 100 unit/ml)	Brand	10/1/24	Added to Preferred Tier
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial))	Brand	10/1/24	Added to Preferred Tier
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-injector 200 unit/ml)	Brand	10/1/24	Added to Preferred Tier
LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml)	Brand	10/1/24	Added to Preferred Tier
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 (covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml)	Brand	8/25/24	Added to Preferred Tier
OMNIPOD 5 G6 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Brand	7/1/24	Added to Preferred Tier
OMNIPOD 5 G6 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Brand	7/1/24	Added to Preferred Tier
OTEZLA (apremilast tab 20 mg)	Brand	8/4/24	Added to Preferred Tier
OTEZLA (apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg)	Brand	8/4/24	Added to Preferred Tier
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)	Brand	8/25/24	Added to Preferred Tier
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 (covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml)	Brand	8/25/24	Added to Preferred Tier
RETEVMO (selpercatinib tab 120 mg)	Brand	8/11/24	Added to Preferred Tier
RETEVMO (selpercatinib tab 160 mg)	Brand	8/11/24	Added to Preferred Tier
RETEVMO (selpercatinib tab 40 mg)	Brand	8/11/24	Added to Preferred Tier
RETEVMO (selpercatinib tab 80 mg)	Brand	8/11/24	Added to Preferred Tier
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	8/1/24	Added to Preferred Tier
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	8/1/24	Added to Preferred Tier
SPIKEVAX COVID-19 VACCINE/2024-25 (covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml)	Brand	8/25/24	Added to Preferred Tier
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml)	Brand	7/1/24	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](http://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۔