

Horizon Blue Cross Blue Shield of New Jersey Prescription Drug Program *Delva Tool*

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

The Horizon Prescription Formulary is a list of prescription medications developed by an independent Pharmacy and Therapeutics (P&T) Committee comprised of practicing physicians and pharmacists in New Jersey. The Horizon P&T Committee determines which drugs will be placed into preferred and non-preferred status within our open formulary. The priority consideration is clinical efficacy and safety, followed by other considerations such as second line therapies, and availability of commonly used and safe generics. At least two drugs from each therapeutic class are placed in the preferred status on the formulary. Once a quality review has determined that two or more drugs are equal to other therapeutic alternatives, the P&T Committee may place the most cost effective drug(s) into preferred status.

For more information about the preferred formulary please refer to our website at www.horizon-bcbnsj.com under Member Information, Preferred Drug List. This listing is subject to change. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your identification card.

Copayments			
Type of Program	Preferred Generic drugs	Preferred Brand Name drugs	Non-Preferred drugs
Three Tier Copayment Plan: - lower copay applies to preferred generic drugs; a higher copayment applies for preferred brand drugs; the highest copayment applies to non-preferred drugs.	<i>Retail: \$10</i> <i>Mail Order: \$20</i>	<i>Retail: \$20</i> <i>Mail Order: \$40</i>	<i>Retail: \$35</i> <i>Mail Order: \$70</i>
Benefit Period Maximum	<i>Unlimited</i>		
Days Supply	Retail - up to 90 days (1 copay applies for each 30 day supply) Mail Order - up to 90 days (1 copay applies for the 90 supply)		
Contraceptives	<i>Self-Administered Contraceptives Only</i>		
Diabetic Supplies:	Blood Glucose Monitors Test Strips Insulin Injection Aids Cartridges for the Legally Blind Syringes Insulin Pumps and appurtenances Insulin Infusion Devices Oral Agents for Controlling Blood Sugar		
Exclusions:	Anti-Obesity Drugs Over the counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum		

*Children are covered to the end of the calendar year in which they turn age 19. Full-time students are covered until the end of the calendar year they reach age 25 or until the end of the month during which their full-time student status ends. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to age 19.

WHAT IS A PREFERRED DRUG LIST?

Our Preferred Drug List is a list of both generic and brand-name prescription medications that have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. It includes medications for most conditions located outside the hospital. Your doctor can use the list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

DOES THE PREFERRED DRUG LIST TELL ME WHAT IS COVERED FOR ME?

No. Please remember that just because a medication is listed here does not mean that your benefit program covers that medication. And you may have different copayments for generic, brand-name, or non-preferred brand-name medications. Always refer to your benefit materials, or call the customer service telephone number on your ID card, to determine what level of coverage you have for prescription drugs.

WHAT IS THE DIFFERENCE BETWEEN BRAND-NAME DRUGS AND GENERIC DRUGS?

A generic medication is basically a copy of a brand-name medication. The color or shape may be different, but the active ingredients must be the same for both. Generic medications must meet the same quality standards as brand-name medications. The FDA sets these standards and reviews all medications before they are marketed.

ARE BOTH BRAND-NAME AND GENERIC DRUGS ON THE LIST?

Yes. The Preferred Drug List includes both generic and brand-name drugs. Nearly all generic drugs are on the list, and are available to you for your lowest copayment.

HOW DOES THE PREFERRED DRUG LIST WORK?

The Preferred Drug List tells your doctor which medications are preferred for the most commonly prescribed drug categories. All network physicians were sent a copy of the Preferred Drug List. If your doctor does not have a copy, you may want to provide him or her with a copy of this document and ask to have it kept with your medical files. Your doctor will make prescribing decisions for your medical treatment, but this list provides your doctor with choices.

DOES THE PREFERRED DRUG LIST EVER CHANGE?

Yes. Our pharmacy and Therapeutics Committee, a group of physicians and pharmacists, regularly reviews new and existing medications to be sure the Preferred Drug List remains responsive to the needs of our members and providers throughout the year.

WHAT HAPPENS WHEN I FILL MY PRESCRIPTION?

If you go to a network pharmacy and your prescribed drug is on the Preferred drug List, the prescription will be filled and dispensed to you for your applicable copayment. If the prescribed drug is non-preferred, the pharmacist will make a reasonable effort to contact your doctor and ask if a preferred alternative is appropriate for your care. The preferred medication will be dispensed if your doctor agrees. In order to receive the most from your prescription benefit, be sure to present your ID card when you fill a prescription.

