

# Prescription Drug Program

## Chapel Hill

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.

Type of Program	Preferred Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs
<b>Three Tier Copayment Plan:</b>			
<b>Retail:</b> Up to a 90 day supply <small>(1 retail copay applies per 30-day supply)</small>	\$10	\$20	\$35
<b>Mail Order:</b> Up to 90 day supply <small>(1 mail order copay applies for the 90-day supply)</small>	\$20	\$40	\$70
<b>Front End Deductible:</b>			
Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		Not Applicable	
<b>Benefit Period Maximum</b>		Unlimited	
<b>Plan includes:</b>			
		Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives	
<b>Mandatory Generic:</b>			
		Not Applicable	
<b>Specialty Pharmacy Program:</b>			
Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.		<ul style="list-style-type: none"> <li>• Personal attention from a pharmacist-led team that provides condition-specific education, administration instruction and expert advice to help manage therapy.</li> <li>• Claims assistance to help determine individual coverage and file the necessary paperwork.</li> <li>• Easy access to pharmacists and other health experts 24 hours a day, seven days a week.</li> <li>• Single, reliable source for specialty medication needs.</li> <li>• Easy ordering with a dedicated toll-free number.</li> <li>• Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)</li> <li>• Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.</li> <li>• NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.</li> </ul>	
<b>Exclusions:</b>			
		Anti-Obesity Drugs Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum	

Dependent children, including full-time students, are covered until their 26th birthday. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31. Currently enrolled dependent children who would otherwise lose coverage due to any reason other than age, on or prior to September 23, 2010, will also have coverage extended to age 26, provided that they are otherwise eligible for dependents' coverage and do not have any other group or individual health care coverage.

For more information about your prescription drug plan, please refer to our website at [www.horizon-bcbnsnj.com](http://www.horizon-bcbnsnj.com) under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your identification card.

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