

## Prescription Drug Program Parsippany Troy Hills BOE

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	Specialty Drugs
<b>Three Tier Copayment Plan:</b>				
<b>Retail:</b> Up to a 90 day supply				
<b>Non-Preferred and Specialty Drugs - Member pays difference + Brand Copay</b> <small>(1 retail copay applies per 30-day supply)</small>	\$5	\$10	\$10 *	\$10 *
<b>Mail Order:</b> Up to 90 day supply				
<b>Non-Preferred and Specialty Drugs - Member pays difference + Brand Copay</b> <small>(1 mail order copay applies for the 90-day supply)</small>	\$10	\$20	\$20 *	\$20 *
<b>Maximum Out of Pocket</b>				
Individual		\$1,600		
Family		\$3,200		

Maximum Out of Pocket is per calendar year. Prescription drug deductibles, copayments, and coinsurance contribute toward the Maximum Out of Pocket. Non participating pharmacies and costs associated with the member paying the difference for Brand drugs are not eligible towards the Maximum Out of Pocket.

**Front End Deductible:**

Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.

Not Applicable

**Benefit Period Maximum**

Unlimited

**Plan includes:**

- Contraceptive drugs & devices obtained at a pharmacy
- Diabetic Supplies
- Anti-Obesity Drugs
- Lifestyle Drugs
- Erectile Dysfunction drugs - limit of 4 per month
- Fertility Drugs
- Self-Administered Contraceptives & Injectable Contraceptives

Prior Authorization - Certain medications that have medical utility for only a select group of patients require PA before coverage is approved. Specific guidelines, developed and approved by physicians and pharmacists, have to be met for these drugs to be approved and covered under your prescription drug benefits. See Horizon BCBSNJ's website for the PA drug list.

**\* Non-Preferred and Specialty Drugs**

For Non-Preferred Brand Name Prescription Drugs with Generic Prescription Drug equivalents: Member pays the applicable Brand Name Prescription Drug copay plus the cost difference between the Brand Name Prescription Drug and the Generic Prescription Drug

**Specialty Pharmacy Program:**

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.

- Personal attention from a pharmacist-led team that provides condition-specific education, administration instruction and expert advice to help manage therapy.
- Claims assistance to help determine individual coverage and file the necessary paperwork.
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week.
- Single, reliable source for specialty medication needs.
- Easy ordering with a dedicated toll-free number.
- Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)
- Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.
- NOTE: Specialty pharmacies are considered "mail order" pharmacies and are always subject to the mail order copayment levels, even if the specialty pharmaceutical is obtained through the retail.

**Exclusions:**

- 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 the end of the month in which they reach the age of 26. 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.

For more information about your prescription drug plan, please refer to our website at [www.horizon-bcbnsj.com](http://www.horizon-bcbnsj.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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