



Prescription Drug Program Medford Township 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.

Type of Program	Generic Drugs	Brand Name Drugs
Two Tier Copayment Plan: Lower copay applies to generic drugs; a higher copayment applies for brand drugs.	Retail: \$10 Mail Order: \$5	Retail: \$15 Mail Order: \$10

Specialty Pharmacy Program: Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies.	<ul style="list-style-type: none"> - Personal attention from a pharmacist-led that provides condition-specific education, medication 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 "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.
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Front End Deductible: Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.	Not Applicable
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Benefit Period Maximum	Unlimited
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Days Supply	Retail - Can obtain up to a 90-day supply up to 100 unit doses for 1 retail copay Mail Order - Can obtain a 90 day supply (1 mail order copay applies for the 90-day supply)
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Contraceptives	Self-Administered Contraceptives & Injectable Contraceptives
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Coverage Determination Program	The Coverage Determination Program is a quality program focusing on select drugs or drug categories known for overuse and misuse. These drugs are commonly used for purposes other than those approved by the Food and Drug Administration (FDA). Eligibility for coverage of some of these drugs or drug categories cannot be determined from the information received with ordinary claims transactions. Therefore, there may be times when additional information is requested from the prescribing physician to clarify eligibility for coverage. Under these circumstances the prescribing physician will need to submit a request for prior authorization or a request for quantities above the plan limit.
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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
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Exclusions:	Anti-Obesity Drugs Over the counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum
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*Children are covered to the end of the calendar year in which they turn age 23. Full-time students are covered until the end of the calendar year in which they reach age 23 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 the child removal age. Under certain conditions, coverage may be extended for qualified dependents up to age 30.

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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.

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.

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Three Penn Plaza East, Newark, New Jersey 07105