



Prescription Drug Program RX NetResults State Defector

Your pharmacy benefit plan uses a covered drug list (formulary) called the NetResults Enhanced Formulary. It is a managed formulary meaning some generics and brand name drugs are excluded from coverage. Your covered drug list still includes an extensive list of medicines, including medicine alternatives to treat your condition. Drugs on the NetResults Enhanced Formulary are selected based on the recommendations of the Prime Therapeutics' Pharmacy and Therapeutics Committee which is made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from Horizon BCBSNJ, reviews drugs regulated by the U.S. Food and Drug Administration (FDA). Drugs that are newly approved by the FDA as well as those that have been on the market for some time are reviewed. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list.

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.

More information about prescription drug coverage including the formulary used and appeal process is available at Prime Therapeutics LLC (Prime) Service Center www.MyPrime.com or 1-800-370-5088.

Type of Program	Preferred/Non-Preferred Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs	Specialty Drugs
Three Tier Copayment Plan:				
Retail: Up to a 90 day supply				
Non-Preferred and Specialty Drugs - Member pays difference + Brand Copay <small>(1 retail copay applies per 30-day supply)</small>	\$5	\$10	\$10 *	\$5 or \$10 30 day supply maximum
Mail Order: Up to 90 day supply				
Non-Preferred and Specialty Drugs - Member pays difference + Brand Copay <small>(1 mail order copay applies for the 90-day supply)</small>	\$10	\$20	\$20 *	n/a
Maximum Out of Pocket				
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 6 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives Step Therapy - Requires the previous use of one or more drugs before coverage of a different drug is provided. 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.
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Member Pays the Difference	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
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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.
	<ul style="list-style-type: none"> • 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: Medications dispensed by specialty pharmacies are limited to 30 day supplies. The retail copay applies.

Exclusions:	Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum
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Dependent children, including full-time students, are covered until the end of the calendar year 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.



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If you have any additional questions, please contact Pharmacy Member Services at the phone number listed on your identification card.

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Group Official:

Signature:

Print:

Title:

Date: