

Brief Notes

NEWS FOR BROKERS & CONSULTANTS

May 15, 2018

Applies to: All commercial market segments (excludes commercial plans utilizing the NetResults Formulary and public sector groups)

Changes to Coverage of Oral-Combined Contraceptives Due to Wide Range of Generic Alternatives

Horizon Blue Cross Blue Shield of New Jersey manages pharmacy benefits to encourage the safe and appropriate use of prescription medicines. We are changing the way that we provide coverage for brand name, oral-combined contraceptive pills.

Starting **June 15, 2018**, brand name, oral-combined contraceptive pills will no longer be covered at a \$0 copayment. This change is due to the wide range of generic alternatives that are available in various dosage forms and strengths for contraception. These brand name contraceptives will continue to be covered under a member's pharmacy benefit, but a corresponding copayment or coinsurance amount will apply based on the member's pharmacy plan design.

Below are examples of commonly prescribed brand name, oral-combined contraceptive pills that will have the appropriate copayment or coinsurance applied to them:

Examples of brand name, oral-combined contraceptive pills:

- Estrostep Fe
- Lo Loestrin Fe
- Loestrin 1/20-21
- Loestrin Fe 1.5/30
- Loestrin Fe 1/20
- LoSeasonique
- Minastrin 24 Fe
- Mircette
- Ortho Micronor
- Ortho Tri-Cyclen
- Ortho Tri-Cyclen Lo
- Ortho-Cyclen
- Ortho-Novum 1/35
- Ortho-Novum 7/7/7
- Seasonique
- Taytulla
- Tri-Norinyl 28
- Yasmin 28
- Yaz

Horizon BCBSNJ will continue to cover generic, oral-combined contraceptive pills at a \$0 copayment.

(Continues)



Horizon Blue Cross Blue Shield of New Jersey

Products and policies may be provided by Horizon Insurance Company or Horizon Healthcare Dental, Inc. and services and products may be provided by Horizon Blue Cross Blue Shield of New Jersey or Horizon Healthcare of New Jersey, Inc., each an independent licensee of the Blue Cross and Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2018 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105-2200. CMC0011992 (0518)

If a health care professional feels the brand name, oral-combined contraceptive pills are medically necessary for their patient(s) at zero cost share rather than the generic alternatives, a *Copay Waiver* form may be submitted for clinical review.

Impacted members and their prescribers will receive a *letter* notifying them about this change prior to the **June 15, 2018** effective date.

If you have questions, please contact your Horizon BCBSNJ sales executive or account manager.

This document contains references to brand name prescription medicines that are trademarks or registered marks of pharmaceutical manufacturers that are not affiliated with Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross and Blue Shield Association.



Horizon Blue Cross Blue Shield of New Jersey
 c/o Prime Therapeutics
 PO Box 64813, Saint Paul, MN 55164-0813

Three Penn Plaza East
 Newark, NJ 07105-2200
 HorizonBlue.com

<Date>

<Member Name>
 <Address>
 <City>, <State> <Zip>

> NOTICE:

Changes to Your Prescription Medicine

> What you need to know:	> What you need to do:
1. Starting <START DATE>, <Drug Name> will no longer be covered under your pharmacy benefit at a \$0 copayment. 2. Horizon BCBSNJ will continue to cover generic oral-combined contraceptive pills at a \$0 copayment.	1. Talk with your doctor about using a generic alternative if you want to continue receiving your contraception medicine at a \$0 copayment.

Dear <mbr_first_nm> <mbr_last_nm>:

Thank you for being a Horizon Blue Cross Blue Shield of New Jersey Pharmacy member. To help our members get better care with lower out-of-pocket costs, we have made some changes to the Horizon BCBSNJ prescription drug list, also known as the drug formulary. These changes may affect the coverage you receive for certain drugs that you may have used in the past.

Starting <START DATE>, <Drug Name> will no longer be covered under your pharmacy benefit at a \$0 copayment due to the wide range of generic alternatives that are available in various dosage forms and strengths for contraception. Therefore, after the above date, <Drug Name> will have the appropriate copayment or coinsurance applied to it depending on your pharmacy plan benefits. Horizon BCBSNJ will continue to cover generic oral combined contraceptive pills at a \$0 copayment.

If you or someone covered under your benefit plan may have used <Drug Name> in the past, is currently using it or may require the medicine in the future, talk with your doctor about using a generic alternative if you want to continue receiving your contraception medicine at a \$0 copayment. Generic medicines could cost you less, but we understand treatment decisions are always between you and your doctor.

If you and your doctor feel that the <Drug Name> is medically necessary for you rather than using a generic alternative, a *Copay Waiver* request may be submitted for clinical review. This form is available at **MyPrime.com** in the *Forms* section.

(Continues)

This document contains prescription brand name drugs that are registered marks or trademarks of pharmaceutical manufacturers that are not affiliated with either Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross and Blue Shield Association.

If the criteria are not met, you will receive a letter stating why Horizon BCBSNJ will not cover the medicine at the requested \$0 copayment level. The determination letter will also provide you with your rights to appeal the decision. If you keep filling and/or using <Drug Name> without our prior approval, you will be responsible to pay the appropriate copayment for the medicine as required under your pharmacy plan benefits.

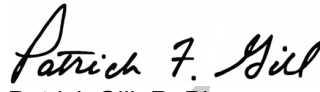
We have sent your doctor a letter about this change, but it is important that you talk with your doctor about using a generic alternative or the possibility of filing a Copay Waiver before your next refill to prevent any delays in you getting the medicine you need.

If you have any questions, please talk with your doctor or call Pharmacy Member Services at **1-800-370-5088**. We are here to help 24 hours a day, seven days a week.

Sincerely,



David A. Gambino
Vice President & Chief Pharmacy Officer



Patrick Gill, R. Ph.
Director, Pharmacy Programs

Have any questions?

CALL US

Call Pharmacy Member Services at **1-800-370-5088**. We are here to help 24 hours a day, seven days a week.

000000000