



February 2016

«Patient_First_Name» «Patient_Last_Name»
«Patient_Address» «Patient_Address_2»
«Patient_City», «Patient_State» «Patient_Zip_Code»

Important information about your prescription medication

Dear Valued Member:

I am writing to notify you of changes being made to the Select Drug Program[®] Formulary that may affect you and to tell you about some of the steps you may wish to take as a result.

Changes to the formulary

The Select Drug Program Formulary is a list of medications approved by the U.S. Food and Drug Administration (FDA) that are chosen for formulary coverage based on their medical effectiveness, safety, and value. The list changes periodically as the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area, reviews it to ensure its continued effectiveness.

As of April 1, 2016, the brand-name medication listed below will be removed from the Select Drug Program Formulary.

- «Drug 1»

Your options

Our records indicate that you have recently been prescribed this drug, which will be moved from our 2nd tier, or formulary level, to the 3rd tier, or non-formulary level. After April 1, 2016, you will still be able to obtain the medications that are being removed from the Select Drug Program Formulary, but your cost-sharing will go up. As a result, you may wish to discuss the following options with your doctor:

- **Use generic alternatives.** Talk to your doctor about prescribing a generic equivalent medication. Generic equivalents have the same active chemical ingredients, strength, and therapeutic results. There are also therapeutic generic alternatives that are not the exact chemical equivalent of the brand drug but that treat the same condition in the same way as the brand drug. Generic drugs are available at the lowest level of cost-sharing.
- **Use brand alternatives.** Your doctor may decide to prescribe an alternative brand medication that is on the Select Drug Program Formulary. Brand medications that are on the formulary cost more than generics but less than other brand medications that are not on the formulary.
- **Continue your current medication therapy.** Your doctor may continue to prescribe your current medication. However, you will be responsible for the highest level of cost-sharing.

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- **Request an exception to our formulary.** Your doctor may decide that it is medically necessary for you to continue taking the brand medication that is being removed from the formulary because he/she believes it is more effective than the formulary alternative. In that case, your doctor needs to request an exception on your behalf by completing a *Non-Formulary Exception Request Form* so that your cost-sharing will not go up. The request will be reviewed once a completed form is received. If the request is approved, you will continue to pay what you pay now — your cost-sharing will not go up.

Please refer to your contract/member handbook/benefit booklet for details regarding your prescription drug coverage.

For more information

If you have any questions about these changes or your prescription drug program, please call FutureScripts at the number listed on your ID card. You can view the complete formulary by logging on to www.amerihealthexpress.com.

We value your membership and appreciate that you have chosen AmeriHealth New Jersey.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank L. Urbano'.

Frank L. Urbano, MD, MBA, FACP
Senior Medical Director
Clinical Services Operations



February 2016

«Patient_First_Name» «Patient_Last_Name»
«Patient_Address» «Patient_Address_2»
«Patient_City», «Patient_State» «Patient_Zip_Code»

Important information about your prescription medication

Dear Valued Member:

I am writing to notify you of changes being made to the list of medications included in our prescription drug program. Some of these changes may affect you, as described below.

Changes to prior authorization requirements

We take several actions to ensure that prescription medications are used appropriately in keeping with the recommendations of medical experts for safety and effectiveness of prescription drugs. Our procedures that support safe prescribing are designed to help make sure your prescription drug benefit is being appropriately administered. They are reviewed regularly by the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area.

As a result of their most recent review, prior authorization requirements will be added to the medication listed below as of April 1, 2016.

- «Drug 1»

The purpose of prior authorization is to ensure that drugs are medically necessary for the condition being treated and are being used in keeping with generally accepted medical guidelines.

Your options

Our records indicate that you have recently been prescribed this medication. Please contact your doctor to discuss your current treatment and the possible impact of this change on your drug therapy. That discussion may result in your doctor making one of the following recommendations:

- **Alternative to current therapy.** Your doctor may discuss alternatives to your current therapy and/or write a new prescription for a different medication that is covered by your benefit and does *not* require prior authorization.
- **Continuation of your current therapy.** Your doctor may decide that it is medically necessary for you to continue your current medication regimen. In that case, your doctor needs to request prior authorization on your behalf. If the request is approved, your doctor's office will receive a fax confirmation, which will indicate approval and provide an expiration date for the authorization, if applicable. After this, you will simply pay the applicable cost-sharing determined by your benefits when you fill your prescription.

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- If the prior authorization request is not approved, you will receive a letter that explains why the request was not approved and which will outline your appeal rights if you do not agree with the determination. Without an approved prior authorization, you will not be able to continue to receive coverage for your current drug therapy.

Please refer to your contract/member handbook/benefit booklet for details regarding your prescription drug coverage.

For more information

If you have any questions about these changes or your prescription drug program, please call FutureScripts at the number listed on your ID card. You can also view the complete *Procedures that support safe prescribing* by logging on to www.amerihealthexpress.com.

We value your membership and appreciate that you have chosen AmeriHealth New Jersey.

Sincerely,

A handwritten signature in black ink, appearing to read 'F. Urbano', with a stylized flourish at the end.

Frank L. Urbano, MD, MBA, FACP
Senior Medical Director
Clinical Services Operations



February 2016

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Important information about your prescription medication

Dear Valued Member:

I am writing to notify you of changes being made to the list of medications included in AmeriHealth New Jersey's prescription drug program. Some of these changes, which are described below, may affect you.

Changes to prior authorization requirements

As a result of the most recent review by the Pharmacy and Therapeutics Committee, prior authorization requirements will be updated for the medication(s) listed below and a new prior authorization will be required as of April 1, 2016.

- «Drug 1»

The purpose of prior authorization is to ensure that drugs are medically necessary for the condition being treated and are being used in keeping with generally accepted medical guidelines.

AmeriHealth New Jersey follows the recommendations of medical experts for safety and effectiveness of prescription drugs to ensure that prescription medications are used appropriately and safely. Our procedures are designed to support safe prescribing and to help us appropriately administer your prescription drug benefit. Our procedures are reviewed regularly by our Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area.

Your options

Our records indicate that you have recently been prescribed this medication. Please contact your doctor to discuss your current treatment and the possible impact of this change on your drug therapy. That discussion may result in your doctor making one of the following recommendations:

- **Alternative to current therapy.** Your doctor may discuss alternatives to your current therapy and/or write a new prescription for a different medication that is covered by your benefit and does *not* require prior authorization.

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- **Continuation of your current therapy.** Your doctor may decide that it is medically necessary for you to continue your current medication regimen. In that case, your doctor needs to request prior authorization on your behalf. If the request is approved, your doctor's office will receive a fax confirmation, which will indicate approval and provide an expiration date for the authorization, if applicable. After this, you will simply pay the applicable cost-sharing determined by your benefits when you fill your prescription. If the prior authorization request is not approved, you will receive a letter that explains why the request was not approved and which will outline your appeal rights if you do not agree with the determination. Without an approved prior authorization, you will not be able to continue to receive coverage for your current drug therapy.

Please refer to your contract/member handbook/benefit booklet for details regarding your prescription drug coverage.

For more information

If you have any questions about these changes or your prescription drug program, please call AmeriHealth New Jersey's pharmacy benefit manager FutureScripts at the number listed on your ID card. You can also view the complete *Procedures that support safe prescribing* by logging on to www.amerihealthexpress.com.

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Important information about your prescription medication

Dear Valued Member:

I am writing to notify you of changes being made to the list of medications included in our prescription drug program. Some of these changes may affect you, as described below.

Changes to quantity limits

We take several actions to ensure that prescription medications are used appropriately in keeping with the recommendations of medical experts for safety and effectiveness of prescription drugs. Our procedures that support safe prescribing are designed to help make sure your prescription drug benefit is being appropriately administered. They are reviewed regularly by the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area.

As a result of their most recent review, quantity limits will be added to the medication listed below as of April 1, 2016.

- «Drug 1»

Quantity limits are based on the maximum daily dose and length of therapy approved by the U.S. Food and Drug Administration for a particular medication. If you attempt to fill a prescription that exceeds the set quantity limit, coverage will be denied. Coverage for the prescription is available only up to the quantity limit.

Your options

Our records indicate that you have recently been prescribed this medication. Please contact your doctor to discuss your current treatment and the possible impact of this change on your drug therapy. That discussion may result in your doctor making one of the following recommendations:

- **Alternative to current therapy.** Your doctor may discuss alternatives to your current therapy and/or write a new prescription.
- **Continuation of your current therapy.** Your doctor may decide that it is medically necessary for you to continue your current medication regimen. In that case, your doctor needs to request consideration for an exception on your behalf. If the request is approved, your doctor's office will receive a fax confirmation, which will indicate approval and provide an expiration date for the authorization, if applicable. After this, you will simply pay the applicable cost-sharing determined by your benefits when you fill the prescription.

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- If the exception request is not approved, you will receive a letter that explains why the request was not approved and which will outline your appeal rights if you do not agree with the determination. Without an approved exception request, you will not be able to continue to receive coverage for your current drug therapy.

Please refer to your contract/member handbook/benefit booklet for details regarding your prescription drug coverage.

For more information

If you have any questions about these changes or your prescription drug program, please call FutureScripts at the number listed on your ID card. You can also view the complete *Procedures that support safe prescribing* by logging on to www.amerihealthexpress.com.

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