



# Important information about your prescription benefits

Effective July 1, 2013

Within the Prescription Drug List (PDL), medications are grouped by tier. The tier indicates the amount you pay when you fill a prescription. Your lower-cost options are found in Tier 1.

## Medications moving to a lower tier

Medications may move from a higher tier to a lower tier, which can occur at any time throughout the year to provide members with immediate cost savings.

Condition	Medication Name	Tier Placement	Utilization	Effective Date
Nasal Allergies	Omnaris	Tier 3 to Tier 2	0.32	July 1, 2013 or sooner

## New benefit coverage

The following medications, previously not covered under most of our benefit plans, will now be eligible for coverage under many plans. Tier placement for these medications is shown below.

Condition	Medication Name	Tier Placement	Utilization	Effective Date
Cancer Pain	Subsys <sup>1</sup>	Tier 3	Utilization too low to report	July 1, 2013 or sooner
Nasal Allergies	Zetonna <sup>1</sup>	Tier 2	0.07	July 1, 2013 or sooner

1. Pre-certification is already required to verify diagnosis.

## Medications moving to a higher tier

We evaluate medications based on their total value, including how a medication works. When two or more medications work the same way, other factors, including cost, may play a role in their tier placement on the PDL. Medications may move to a higher tier because they offer less health care value than similar medications in their therapeutic classes.

If your medication is listed below, you may continue taking it, but you may pay a higher cost. We encourage you to talk with your doctor about the lower-cost option(s) listed below that also may treat your condition.

Condition	Medication Name	Tier Placement	Utilization	Lower-Cost Options
Excess Growth Hormone	Somatuline Depot	Tier 2 to Tier 3	No Utilization	octreotide (generic Sandostatin)
Excess Sleepiness	Xyrem	Tier 2 to Tier 3	0.03	methylphenidate (generic Ritalin), methylphenidate extended-release (generic Ritalin LA), Adderall XR, Vyvanse
HIV-related Complication	Serostim	Tier 2 to Tier 3	Utilization too low to report	oxandrolone (generic Oxandrin)
Low Platelet Levels	Promacta	Tier 2 to Tier 3	1.13	prednisone, dexamethasone
Migraine	Relpax	Tier 1 to Tier 2	8.15	naratriptan (generic Amerge), sumatriptan succinate (generic Imitrex)
Nasal Allergies	Nasonex	Tier 2 to Tier 3	0.01	fluticasone (generic Flonase), Omnaris, Zetonna
Overactive Bladder	tropium extended-release (generic Sanctura XR)	Tier 2 to Tier 3	0.04	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), tropium (Sanctura)
	Vesicare	Tier 2 to Tier 3	0.69	

## Medications moving to a higher tier (continued)

Condition	Medication Name	Tier Placement	Utilization	Lower-Cost Options
Pain	Oxymorphone extended-release 7.5 mg and 15 mg	Tier 2 to Tier 3	No Utilization	Opana ER
Pulmonary Arterial Hypertension	Adcirca	Tier 2 to Tier 3	0.02	sildenafil (generic Revatio)
	Myfortic	Tier 2 to Tier 3	0.13	mycophenolate (generic Cellcept)
Transplant	Neoral	Tier 2 to Tier 3	0.06	cyclosporine modified (generic Neoral)
	Sandimmune	Tier 2 to Tier 3	0.02	cyclosporine (generic Sandimmune)

## Medications being added to the Select Designated Pharmacy Program<sup>2</sup>

Through this program, members must either fill their prescription by mail or switch to a lower-cost option, or do both in order to continue to receive network benefits. Call the number on the back of your health plan ID card to determine if this program applies to your benefit plan and for additional details about the program.

Condition	Medication Name	Tier Placement	Utilization	Lower-Cost Options
Depression	Viibryd	Tier 3	0.46	fluoxetine (generic Prozac), paroxetine (generic Paxil), sertraline (generic Zoloft), citalopram (generic Celexa), escitalopram (generic Lexapro)
Overactive Bladder	Myrbetriq	Tier 3	0.02	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), trospium (Sanctura)

2. New York Small and Large Group Fully Insured groups only

## Medications no longer covered under most of our benefit plans

When several medications work in the same way, we may choose to not cover the higher-cost option. The medications listed below will no longer be covered under many of our pharmacy benefit plans.

Condition	Medication Name	New Benefit Coverage	Utilization	Lower-Cost Options
Wart Removal	Virasal	Excluded <sup>3</sup>	0.05	Over-the-counter (OTC) salicylic acid products

3. Prescription drug products that are comprised of components that are available in over-the-counter form or equivalent are not covered under the pharmacy benefit plans

## Medications that require pre-certification (Connecticut and New York only)

The medications listed below require your physician to provide additional prescribing information to determine if coverage is available.

Condition	Medication Name	New Benefit Coverage	Utilization	Lower-Cost Options
Acne	Sumadan	Pre-certification <sup>5</sup>	0.10	sulfacetamide sodium/sulfur
Allergies/Asthma	Singulair Chewable Tablet (brand only)	Pre-certification <sup>4</sup>	1.09	montelukast chewable tablet (generic Singulair)
	Singulair Tablet (brand only)	Pre-certification <sup>4</sup>	1.09	montelukast (generic Singulair)
BPH	Flomax (brand only)	Pre-certification <sup>4</sup>	0.16	tamsulosin (generic Flomax)
Breast Cancer	Soltamox	Pre-certification <sup>5</sup>	Utilization too low to report	tamoxifen (generic Nolvadex)

## Medications that require pre-certification (Connecticut and New York only) - continued

Condition	Medication Name	New Benefit Coverage	Utilization	Lower-Cost Options
<b>Cancer Pain</b>	Actiq (brand only)	Pre-certification <sup>4</sup>	No Utilization	fentanyl lozenge (generic Actiq)
	Effexor XR (brand only)	Pre-certification <sup>4</sup>	0.47	venlafaxine extended-release capsule (generic Effexor XR)
	Lexapro (brand only)	Pre-certification <sup>4</sup>	1.73	escitalopram (generic Lexapro)
<b>Depression</b>	Prozac (brand only)	Pre-certification <sup>4</sup>	0.30	fluoxetine (generic Prozac)
	Wellbutrin SR (brand only)	Pre-certification <sup>4</sup>	0.13	bupropion sustained-release (generic Wellbutrin SR)
	Wellbutrin XL (brand only)	Pre-certification <sup>4</sup>	0.72	bupropion extended-release (generic Wellbutrin XL)
	Zoloft (brand only)	Pre-certification <sup>4</sup>	0.43	sertraline (generic Zoloft)
<b>Dermatitis</b>	Synalar Kit	Pre-certification <sup>4</sup>	Utilization too low to report	fluocinolone (generic Synalar)
	Synalar TS	Pre-certification <sup>5</sup>	Utilization too low to report	
	Ultravate X Combination Package	Pre-certification <sup>5</sup>	0.01	halobetasol cream (generic Ultravate)
<b>Glaucoma</b>	Cosopt PF	Pre-certification <sup>5</sup>	0.01	dorzolamide/ timolol (generic Cosopt)
<b>High Blood Pressure</b>	Azor	Pre-certification <sup>4</sup>	0.84	eprosartan (generic Teveten), losartan (generic Cozaar), Benicar or Micardis + amlodipine (generic Norvasc)
	Diovan HCT (brand only)	Pre-certification <sup>4</sup>	1.63	valsartan/hydrochlorothiazide (generic Diovan HCT)
<b>Infections</b>	Monodox (brand only)	Pre-certification <sup>4</sup>	0.28	doxycycline hyclate (generic Vibramycin), doxycycline monohydrate (generic Monodox)
	Valtrex (brand only)	Pre-certification <sup>4</sup>	0.50	valacyclovir (generic Valtrex)
<b>Inflammatory Bowel Disease</b>	Entocort EC (brand only)	Pre-certification <sup>4</sup>	0.02	budesonide (generic Entocort EC)
<b>Lice</b>	Natroba (brand only)	Pre-certification <sup>4</sup>	0.01	malathion (generic Ovide), permethrin (generic Elimite), spinosad (generic Natroba)
<b>Nasal Allergies</b>	Astepro	Pre-certification <sup>4</sup>	0.87	azelastine (generic Astelin)
	Dymista	Pre-certification <sup>5</sup>	0.14	fluticasone (generic Flonase), azelastine (generic Astelin)
<b>Osteoporosis</b>	Binosto	Pre-certification <sup>5</sup>	No Utilization	alendronate (generic Fosamax)
<b>Pain</b>	Percocet (brand only)	Pre-certification <sup>4</sup>	0.21	acetaminophen/ oxycodone (generic Percocet)
<b>Sleep</b>	Ambien (brand only)	Pre-certification <sup>4</sup>	0.38	zolpidem (generic Ambien)
	Ambien CR (brand only)	Pre-certification <sup>4</sup>	0.31	zolpidem (generic Ambien), zolpidem extended-release (generic Ambien CR)
	Intermezzo	Pre-certification <sup>5</sup>	0.06	zaleplon (generic Sonata), zolpidem (generic Ambien)
<b>Stroke and Heart Attack Prevention</b>	Plavix (brand only)	Pre-certification <sup>4</sup>	0.45	clopidogrel (generic Plavix)
<b>Topical Fungal Infections</b>	Ketodan Combination Package	Pre-certification <sup>5</sup>	Utilization too low to report	ketoconazole cream (generic Nizoral)
	Ciclodan Combination Package	Pre-certification <sup>5</sup>	0.01	ciclopirox (generic Loprox)

## Medications that require pre-certification (Connecticut and New York only) - continued

Condition	Medication Name	New Benefit Coverage	Utilization	Lower-Cost Options
Ulcers	Omeclamox Pak	Pre-certification <sup>5</sup>	0.02	omeprazole (Prilosec) + clarithromycin (Biaxin) + amoxicillin (Amoxil), PrevPac
Ulcers, Heartburn & Relux	Protonix (brand only)	Pre-certification <sup>4</sup>	0.21	pantoprazole (generic Protonix)

4. For impacted plans, these medications may also move to the highest tier based on the benefit plan (Tier 4). Please refer to rider language to determine exclusion status. For Connecticut and New York, medications may be excluded unless medically necessary.

5. These medications were excluded at launch in Connecticut and New York (unless medically necessary) – pre-certification may already be in place. They are covered in New Jersey.



### For more information

For questions about your pharmacy benefit, please visit [oxfordhealth.com](http://oxfordhealth.com) or call the Pharmacy Customer Service member telephone number on the back of your health plan ID card. If you are hearing impaired and require assistance, please call our TTY/TDD line at 1-800-201-4875. Please call 1-800-303-6719 for assistance in Chinese, 1-888-201-4746 for assistance in Korean, or the telephone number on your health plan ID card for assistance in English and other languages.