



# 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	0.52	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	New Tier Placement	Utilization	Effective Date
Cancer Pain	Subsys <sup>1</sup>	Tier 3	No Utilization	July 1, 2013 or sooner
Nasal Allergies	Zetonna <sup>1</sup>	Tier 2	0.11	July 1, 2013 or sooner

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

## Medication 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	0.62	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<sup>3</sup>

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>	0.11	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 plan

## 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
<b>Acne</b>	Sumadan	Pre-certification <sup>5</sup>	0.15	sulfacetamide sodium/sulfur
<b>Allergies/Asthma</b>	Singulair Chewable Tablet (brand only)	Pre-certification <sup>4</sup>	1.38	montelukast chewable tablet (generic Singulair)
	Singulair Tablet (brand only)	Pre-certification <sup>4</sup>	1.38	montelukast (generic Singulair)
<b>BPH</b>	Flomax (brand only)	Pre-certification <sup>4</sup>	0.15	tamsulosin (generic Flomax)
<b>Breast Cancer</b>	Soltamox	Pre-certification <sup>5</sup>	No Utilization	tamoxifen (generic Nolvadex)
<b>Cancer Pain</b>	Actiq (brand only)	Pre-certification <sup>4</sup>	No Utilization	fentanyl lozenge (generic Actiq)
<b>Depression</b>	Effexor XR (brand only)	Pre-certification <sup>4</sup>	0.67	venlafaxine extended-release capsule (generic Effexor XR)
	Lexapro (brand only)	Pre-certification <sup>4</sup>	2.17	escitalopram (generic Lexapro)
	Prozac (brand only)	Pre-certification <sup>4</sup>	0.41	fluoxetine (generic Prozac)
	Wellbutrin SR (brand only)	Pre-certification <sup>4</sup>	0.24	bupropion sustained-release (generic Wellbutrin SR)
	Wellbutrin XL (brand only)	Pre-certification <sup>4</sup>	0.92	bupropion extended-release (generic Wellbutrin XL)
	Zoloft (brand only)	Pre-certification <sup>4</sup>	0.65	sertraline (generic Zoloft)
<b>Dermatitis</b>	Synalar Kit	Pre-certification <sup>4</sup>	No Utilization	fluocinolone (generic Synalar)
	Synalar TS	Pre-certification <sup>5</sup>	0.02	
	Ultravate X Combination Package	Pre-certification <sup>5</sup>	0.02	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>	1.30	eprosartan (generic Teveten), losartan (generic Cozaar), Benicar or Micardis + amlodipine (generic Norvasc)
	Diovan HCT (brand only)	Pre-certification <sup>4</sup>	2.82	valsartan/hydrochlorothiazide (generic Diovan HCT)
<b>Infections</b>	Monodox (brand only)	Pre-certification <sup>4</sup>	0.30	doxycycline hyclate (generic Vibramycin), doxycycline monohydrate (generic Monodox)
	Valtrex (brand only)	Pre-certification <sup>4</sup>	0.96	valacyclovir (generic Valtrex)
<b>Inflammatory Bowel Disease</b>	Entocort EC (brand only)	Pre-certification <sup>4</sup>	No Utilization	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>	1.30	azelastine (generic Astelin)
	Dymista	Pre-certification <sup>5</sup>	0.25	azelastine (generic Astelin), fluticasone (generic Flonase)
<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>	0.31	acetaminophen/ oxycodone (generic Percocet)
<b>Sleep</b>	Ambien (brand only)	Pre-certification <sup>4</sup>	0.61	zolpidem (generic Ambien)
	Ambien CR (brand only)	Pre-certification <sup>4</sup>	0.43	zolpidem (generic Ambien), zolpidem extended-release (generic Ambien CR)

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

Condition	Medication Name	New Benefit Coverage	Utilization	Lower-Cost Options
<b>Sleep (continued)</b>	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>	0.73	clopidogrel (generic Plavix)
<b>Topical Fungal Infections</b>	Ketodan Combination Package	Pre-certification <sup>5</sup>	No Utilization	ketoconazole cream (generic Nizoral)
	Ciclodan Combination Package	Pre-certification <sup>5</sup>	0.01	ciclopirox (generic Loprox)
<b>Ulcers</b>	Omeclamox Pak	Pre-certification <sup>5</sup>	0.02	omeprazole (Prilosec) + clarithromycin (Biaxin) + amoxicillin (Amoxil), PrevPac
<b>Ulcers, Heartburn &amp; Reflux</b>	Protonix (brand only)	Pre-certification <sup>4</sup>	0.42	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.