

# Oxford Advantage PDL and Benefit Plan Updates Summary

## Effective July 1, 2012

*There will be member mailings for all up-tiers, exclusions and new precertification. Supply Limit mailings are indicated below.*

<b>Down-Tiers</b>				
<b>Therapeutic Use</b>	<b>Medication Name</b>	<b>Tier Placement</b>	<b>Utilization</b>	<b>Effective Date</b>
<b>Diabetes<sup>1</sup></b>	Jentaduetto	Tier 3 to Tier 2	too low to report	
	Kombiglyze XR	Tier 3 to Tier 2	0.30	
	One Touch Verio	Tier 3 to Tier 1	too low to report	July 1, 2012
	Onglyza	Tier 3 to Tier 2	0.46	
	Tradjenta	Tier 3 to Tier 2	0.13	
<b>Hepatitis C</b>	Incivek	Tier 3 to Tier 2	0.08	July 1, 2012 or earlier
<b>Neurologic Disorder</b>	Nuedexta	Tier 3 to Tier 2	0.01	July 1, 2012 or earlier

1. Diabetic supplies and prescription medications may be subject to different cost share arrangements. Confirm these state mandates with your Oxford Account Manager.

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Utilization is based per 1,000 FI and ASO members based on a reporting period of: 9/1/2011 TO 12/31/2011

## Up-Tiers

Therapeutic Use	Medication Name	Tier Placement	Utilization	Alternatives
<b>Diabetes<sup>1</sup></b>	Janumet	Tier 2 to Tier 3	2.01	Kombiglyze XR, Jentadueto
	Januvia	Tier 2 to Tier 3	2.96	Onglyza, Tradjenta
<b>Hormonal Contraceptives</b>	Azurette (generic Mircette)	Tier 1 to Tier 2	0.53	Apri, Caziant, Emoquette, Reclipsen, Velivet
	Kariva (generic Mircette)	Tier 1 to Tier 2	0.82	
	Balziva (generic Ovcon)	Tier 1 to Tier 2	0.30	Necon, Nortrel
	Briellyn (generic Ovcon)	Tier 1 to Tier 2	0.01	
	Zenchent (generic Ovcon)	Tier 1 to Tier 2	0.19	
	Junel 1/20, 1.5/30 (generic Loestrin 1/20, 1.5/30)	Tier 1 to Tier 2	0.58	Gildess FE, Junel FE , Microgestin FE
	Microgestin 1/20, 1.5/30 (generic Loestrin 1/20, 1.5/30)	Tier 1 to Tier 2	0.71	
Ogestrel (generic Ovral)	Tier 1 to Tier 2	0.07	Cryselle, Low-Ogestrel	

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## New Tier Placements

Therapeutic Use	Medication Name	New Tier Placement	Utilization	Effective Date
<b>Cancer Pain</b>	Abstral <sup>2</sup>	Tier 3	0.00	May 1, 2012 or earlier
<b>Pain</b>	Nucynta ER	Tier 3	0.04	July 1, 2012 or earlier

2. Precertification is already required to verify diagnosis.

## Lipitor Update

Therapeutic Use	Medication Name	Tier Placement	Utilization	Effective Date
<b>High Cholesterol</b>	Lipitor	Tier 2 to Tier 3	N/A	June 1, 2012
	atorvastatin (generic Lipitor)	Tier 3 to Tier 2	N/A	June 1, 2012

## Oxford Exclusions

Therapeutic Use	Medication Name	New Benefit Coverage	Utilization	Alternatives
<b>Acne</b>	BenzEFoam Ultra	Excluded <sup>3</sup>	0.04	OTC benzoyl peroxide

Delos Cleanser, Lotion

Excluded<sup>3</sup>

too low to report

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.

## Oxford Exclusions<sup>4</sup> - Precertification necessary (CT and NY only)

Therapeutic Use	Medication Name	New Benefit Coverage <sup>4</sup>	Utilization	Alternatives
<b>Acne</b>	Duac	Precertification	1.63	Benzaclin 25g, Acanya
	Duac CS		0.07	
<b>Attention Deficit Hyperactivity Disorder (ADHD)</b>	Kapvay	Precertification <sup>5</sup>	0.05	clonidine (generic Catapres), Intuniv
<b>Cancer Pain</b>	Fentora	Precertification <sup>6</sup>	0.01	fentanyl citrate lozenges (generic Actiq), Abstral, Onsolis
<b>Dermatitis</b>	Pramosone E	Precertification	0.03	hydrocortisone/pramoxine (generic Pramosone)
<b>High Blood Pressure</b>	Nexiclon XR	Precertification <sup>5</sup>	too low to report	clonidine (generic Catapres)
<b>Osteoporosis</b>	Atelvia	Precertification <sup>5</sup>	0.20	alendronate (generic Fosamax), Actonel, Boniva
<b>Pain</b>	Zolvit	Precertification <sup>5</sup>	too low to report	hydrocodone / acetaminophen solution (Hycet)
<b>Sleep</b>	Zolpimist	Precertification <sup>5</sup>	too low to report	zaleplon (generic Sonata), zolpidem (Ambien)
	Axiron			Precertification <sup>5</sup>
<b>Testosterone Replacement</b>	Fortesta	Precertification <sup>5</sup>	0.05	

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 CT and NY, medications may be excluded unless medically necessary.

5. These medications were excluded at launch in CT and NY (unless medically necessary) - precertification may already be in place. They are covered in NJ.

6. Currently, precertification applies for Oxford business to verify diagnosis and effective July 1, 2012 will also include language to require other fentanyl citrate medications be used first in CT and NY, but NOT in NJ.

## Multiple Product Packaging Exclusions

Therapeutic Use	Medication Name	New Benefit Coverage	Utilization	Alternatives
<b>Rosacea</b>	Rosadan Kit	Precertification <sup>5</sup>	0.00	metronidazole cream (generic MetroCream)

5. These medications were excluded at launch in CT and NY (unless medically necessary) - precertification may already be in place. They are covered in NJ.

## Hormonal Contraceptives – Health Care Reform Update - See fl for additional information

Therapeutic Use	Medication Name	New Tier Placement	Utilization	Effective Date
<b>Hormonal Contraceptives</b>	Natazia	Tier 3 to Tier 1	0.10	Effective August 1, 2012
	Yasmin	Tier 2 to Tier 1	1.62	Effective August 1, 2012
<b>Emergency Contraceptive</b>	Plan B One-Step	Tier 3 to Tier 1	0.03	Effective August 1, 2012
	ella	Tier 3 to Tier 1	0.00	Effective August 1, 2012

## Supply Limit Update

Therapeutic Use	Medication	Current Tier Placement	Supply Limit Information	Utilization	Grandfathering	Additional Information
<b>Benign Prostatic Hyperplasia (BPH)</b>	Cialis	Tier 3	Members with a diagnosis of ED will have a supply limit of 3 tablets per month with overrides available only for a diagnosis of BPH	N/A	No	Members with BPH will be required to have a history of trial and failure of an alpha-adrenergic blocking medication such as alfuzosin (Uroxatral), doxazosin (Cardura), tamsulosin (Flomax), or terazosin (Hytrin). The step therapy component will not apply to NJ.

## Notification – called Precertification

Therapeutic Use	Medication Name	Current Tier	Utilization	Grandfathering
<b>Compounds using Bulk Powders</b>	Lupron (leuprolide)	Tier 3	N/A	No
	Ketalar (ketamine)	Tier 3	N/A	No
	Neurontin (gabapentin)	Tier 3	N/A	No
	Non-steroidal anti-inflammatory agents	Tier 3	N/A	No
	Pitocin (oxytocin)	Tier 3	N/A	No

Proton Pump Inhibitors	Tier 3	N/A	No
Schedule II controlled substances (e.g., narcotics)	Tier 3	N/A	No

## New Supply Limits

Therapeutic Use	Medication Name	Current Supply Limit	New Supply Limit	Utilization	Mailings	Overrides
<b>Acne</b>	Acanya 1.2% - 2.5%	N/A	50 grams	N/A	Yes	Yes
	Aczone 5%	Yes	30 grams	N/A	Yes	Yes
<b>Allergies</b>	Astepro 0.1%, 0.15%	N/A	2 (30 ml bottles) 60 ml	N/A	Yes	No
	Patanase 0.6%	N/A	30.5 grams	N/A	Yes	No
<b>Attention Deficit Hyperactivity Disorder (ADHD)</b>	Focalin XR 25mg	N/A	31 capsules	N/A	Yes	Yes
	Focalin XR 35mg	N/A	31 capsules	N/A	Yes	No
<b>Cancer</b>	Sprycel 80mg	N/A	60 tablets	N/A	Yes	No
	Sprycel 140mg	N/A	30 tablets	N/A	Yes	No
	tretinoin 10mg	N/A	372 capsules	N/A	Yes	Yes
<b>Prevent Blood Clots</b>	Brilinta 90mg	N/A	62 tablets	N/A	Yes	No
	Pradaxa 75mg, 150mg	N/A	62 tablets	N/A	Yes	No
	Xarelto 10mg	N/A	35 tablets per 6 months	N/A	Yes	Yes
	Xarelto 15mg, 20mg	N/A	31 tablets	N/A	Yes	No

## Modified Supply Limits

Therapeutic Use	Medication Name	Current Supply Limit	New Supply Limit	Utilization	Mailings	Overrides
<b>Cancer</b>	Afinitor 10mg	62 tablets	31 tablets	N/A	Yes	Yes
	Sprycel 50mg, 70mg	60 tablets	30 tablets	N/A	Yes	No
	Thalomid 50mg	196 capsules	56 capsules	N/A	Yes	No
	Thalomid 100mg	140 capsules	56 capsules	N/A	Yes	No
	Thalomid 150mg, 200mg	84 capsules	56 capsules	N/A	Yes	No

<b>High Blood Pressure</b>	Lotrel 5/20mg	62 capsules	31 capsules	N/A	Yes	No
<b>Pain</b>	butalbital / acetaminophen / caffeine / codeine 50/325/40/30mg	381 capsules	186 capsules	N/A	Yes	No