

Oxford Advantage PDL and Benefit Plan Updates Summary

Effective January 1, 2013

There will be member mailings for all up-tiers, exclusions, and new pre-certification. Mailings for supply limits are indicated below.

New Tier Placements

Therapeutic Use	Medication Name	New Tier Placement	Utilization	Effective Date
Cancer Pain	Lazanda ¹	Tier 3	0.00	July 3, 2012
High Blood Pressure	Dutoprol ¹	Tier 2	Too low to report	July 6, 2012
Pain	Sprix ¹	Tier 3	0.04	January 1, 2013 or earlier

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

Up-Tiers

Therapeutic Use	Medication Name	Tier Placement	Utilization	Alternatives
Osteoporosis	Actonel	Tier 2 to Tier 3	1.32	alendronate (generic Fosamax), ibandronate (generic Boniva)
Overactive Bladder	Enablex	Tier 2 to Tier 3	0.21	oxybutynin (generic Ditropan), oxybutynin sustained-release (generic Ditropan XL), trospium (generic Sanctura), Sanctura XR, Vesicare
Thyroid Hormone Replacement	Levoxyl	Tier 1 to Tier 2	2.15	levothyroxine (generic Synthroid)
Viral Infection	Condylox gel	Tier 2 to Tier 3	0.07	podofilox liquid (generic Condylox liquid)

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Utilization is based per 1,000 FI and ASO members based on a reporting period of: February 1, 2012 to May 31, /2012

Oxford Exclusions

Therapeutic Use	Medication Name	New Benefit Coverage	Utilization	Alternatives
Ulcers, Heartburn & Reflux	Zegerid capsule	Excluded ³	0.18	OTC Zegerid, omeprazole (generic Prilosec), pantoprazole (generic Protonix)

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 – Pre-certification necessary (CT and NY only)

Therapeutic Use	Medication Name	New Benefit Coverage	Utilization	Alternatives
Acne	Clindagel	Pre-certification ⁴	0.04	clindamycin gel 1% (generic Cleocin-T)
Contraceptive	Generess FE	Pre-certification ⁵	0.19	Gildess FE, Junel FE, Microgestin FE (generics for Loestrin FE)
Depression	Oleptro	Pre-certification ⁴	0.01	trazodone (generic Desyrel)
Erectile Dysfunction	Staxyn	Pre-certification ⁵	0.04	Levitra, Viagra
Eye Allergies	Bepreve	Pre-certification ⁵	0.65	OTC ketotifen (Zaditor), azelastine (generic Optivar), Lastacaft
	Optivar (brand only)	Pre-certification ⁵	0.51	OTC ketotifen (Zaditor), azelastine (generic Optivar), Lastacaft
Eye Pain	Bromday	Pre-certification ⁴	0.32	bromfenac (generic Xibrom), ketorolac (generic Acular)
Hepatitis C	Ribapak	Pre-certification ⁴	0.10	ribavirin (generic Copegus, Rebetol)
High Blood Pressure	Exforge	Pre-certification ⁴	0.80	<ul style="list-style-type: none"> amlodipine (generic Norvasc) plus losartan (generic Cozaar) amlodipine (generic Norvasc) plus Benicar or Micardis amlodipine (generic Norvasc) plus Diovan
	Exforge HCT	Pre-certification ⁴	0.24	<ul style="list-style-type: none"> amlodipine (generic Norvasc) plus losartan/hydrochlorothiazide (generic Hyzaar) amlodipine (generic Norvasc) plus Benicar HCT or Micardis HCT amlodipine (generic Norvasc) plus Diovan HCT
High Cholesterol	Altoprev	Pre-certification ⁴	0.01	lovastatin (generic Mevacor)
	Lipitor (brand only)	Pre-certification ⁴	7.79	atorvastatin (generic Lipitor)
Inflammation	Flo-Pred	Pre-certification ⁵	Too low to report	prednisolone (generic Prelone), Orapred, Pediapred

Nasal Allergies	Astelin (brand only)	Pre-certification ⁴	0.44	azelastine nasal spray (generic Astelin), Astepro
Neuropathic Pain	Gralise	Pre-certification ⁵	0.03	gabapentin (generic Neurontin)
Pain	ConZip	Pre-certification ⁵	0.02	tramadol extended-release (generic Ultram ER), tramadol immediate-release (generic Ultram)
	Duexis	Pre-certification ⁵	0.03	ibuprofen (generic Motrin) plus OTC famotidine (generic Pepcid AC)
	Lorzone	Pre-certification ⁵	0.02	chlorzoxazone (generic Parafon Forte DSC)
	Skelaxin (brand only)	Pre-certification ⁴	0.53	chlorzoxazone (generic Parafon Forte DSC), cyclobenzaprine (generic Flexeril), metaxalone (generic Skelaxin), methocarbamol (generic Robaxin)
Restless Legs Syndrome	Horizant	Pre-certification ⁵	0.01	gabapentin (generic Neurontin)
Rosacea	Metrogel 1%	Pre-certification ⁴	0.59	metronidazole gel 0.75% (generic Metrogel)
Skin Conditions	Triamex	Pre-certification ⁵	0.03	triamcinolone (generic Aristocort)
	ProCort	Pre-certification ⁵	Too low to report	hydrocortisone/pramoxine (generic Analpram E)

Multiple Product Packaging Exclusions– Pre-certification necessary (CT and NY only)

Therapeutic Use	Medication Name	New Benefit Coverage ²	Utilization	Alternatives
Acne	Sumaxin CP	Pre-certification ⁵	Too low to report	sulfacetamide sodium/sulfur (generic Sulfatol)
Skin Conditions	Aqua Glycolic HC	Pre-certification ⁵	0.00	hydrocortisone 2.5% (generic Hytone)
	Promiseb Complete Kit	Pre-certification ⁵	0.21	Promiseb
Psoriasis	Uramaxin GT Kit	Pre-certification ⁵	Too low to report	urea 40%
Rosacea	Rosadan Kit (gel)	Pre-certification ⁵	0.01	metronidazole gel 0.75% (generic Metrogel)
Toenail Infections	Pedipirox-4	Pre-certification ⁵	0.01	ciclopirox (generic Penlac)

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.

Select Designated Pharmacy Program – (NY Small & Large Group customers)⁶

Therapeutic Use	Medication Name	Tier as of Jan. 1, 2013	Utilization	Alternatives
Depression	Cymbalta	Tier 3	4.23	Depression Diagnosis: citalopram (generic Celexa), fluoxetine (generic Prozac), sertraline (generic Zoloft), venlafaxine sustained-release (generic Effexor XR), Pristiq; Neuropathic Pain Diagnosis: gabapentin (generic Neurontin)

6. NY Small & Large Group Fully Insured groups only

Refill and Save Program

Therapeutic Use	Medication Name	Utilization	Program Details
Depression	Cymbalta	4.23	Removed from Refill and Save Program; added to Select Designated Pharmacy Program

Notification – called Pre-certification

Therapeutic Use	Medication Name	Current Tier	Grandfathering
Hormone Therapy	Eligard	Tier 3	No
	leuprolide acetate (generic Lupron)	Tier 1	No
Inflammation/Other	Acthar	Tier 3	No
Seizures	Onfi	Tier 3	No

New Supply Limits

Therapeutic Use	Medication Name	New Supply Limit	Member Mailings	Overrides
Acne	Avita Cream 0.025%	20 grams per month	Yes	Yes
Nasal Allergies	Veramyst (50mcg/spray)	10 grams (1 bottle) per copayment	Yes	No
Blood Clot/Platelet Therapy	Effient 5mg, 10mg	31 tablets per month	Yes	No
Skin Conditions	Olux-E Foam 0.05%	50 grams per copayment	Yes	Yes
Emergency Contraceptive	ella 30mg	1 tablet per month	No	No
Topical infection	Zovirax Ointment 5%	15 grams per copayment	Yes	Yes

Modified Supply Limits

Therapeutic Use	Medication Name	Current Supply Limit	New Supply Limit	Grandfathering	Member Mailings	Overrides
Pain	Avinza	62 capsules per month	31 capsules per month	Yes	No	Yes
	Duragesic 12.5mcg/hr, 25mcg/hr, 50mcg/hr	22 patches per month	15 patches per month	Yes	No	Yes
	Duragesic 75mcg/hr, 100mcg/hr	22 patches per month	30 patches per month	Yes	No	Yes
	Embeda	93 capsules per month	62 capsules per month	Yes	No	Yes
	Exalgo	62 tablets per month	31 tablets per month	Yes	No	Yes
	Kadian	124 capsules per month	62 capsules per month	Yes	No	Yes
	MS Contin	186 tablets per month	93 tablets per month	Yes	No	Yes
	Opana	372 tablets per month	186 tablets per month	Yes	No	Yes
	Opana ER	124 tablets per month	62 tablets per month	Yes	No	Yes
	Oramorph SR	186 tablets per month	93 tablets per month	Yes	No	Yes
Oxycontin 10mg, 15mg, 20mg, 30mg, 40mg, 60mg	124 tablets per month	62 tablets per month	Yes	No	Yes	
Testosterone Replacement	AndroGel packets 2.5g	60 packets per month	30 packets per month	No	Yes	Yes