



# Updates to your prescription benefits

## Effective Jan. 1, 2013 for your Advantage PDL

Within the Prescription Drug List (PDL), medications are grouped by tier. The tier indicates the amount you pay when you fill a prescription. Please reference this chart as you review the following updates. Most options listed are available in Tier 1, your lowest-cost option.

 <b>Tier 1</b> <b>Your lowest-cost medications</b>	 <b>Tier 2</b> <b>Your midrange-cost medications</b>	 <b>Tier 3</b> <b>Your highest-cost medications</b>
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If your medication is listed below, you may continue taking it, but you may pay a higher cost. We encourage you to discuss the listed lower-cost option(s) that may also treat your condition with your doctor.

### Medications moving to a higher tier

Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

Therapeutic Use	Medication Name	Tier Placement	Lower-Cost Options
<b>Osteoporosis</b>	Actonel	Tier 2 to Tier 3	alendronate (generic Fosamax), ibandronate (generic Boniva)
<b>Overactive Bladder</b>	Enablex	Tier 2 to Tier 3	oxybutynin (generic Ditropan), oxybutynin sustained-release (generic Ditropan XL), trospium (generic Sanctura), Sanctura XR, Vesicare
<b>Thyroid Hormone Replacement</b>	Levoxyl	Tier 1 to Tier 2	levothyroxine (generic Synthroid)
<b>Viral Infection</b>	Condylox gel	Tier 2 to Tier 3	podofilox liquid (generic Condylox liquid)

### Medication being added to the Select Designated Pharmacy (SDP) Program

Through this program, you must choose one of three options to continue to receive network benefits. Call the Pharmacy Customer Service member telephone number on the back of your health plan ID card to determine if this program applies to your benefit plan. This program currently applies to New York small and large group fully insured groups only.

Therapeutic Use	Medication Name	Tier Placement	Lower-Cost Options
<b>Depression</b>	Cymbalta	Tier 3	Depression Diagnosis: citalopram (generic Celexa), fluoxetine (generic Prozac), sertraline (generic Zoloft), venlafaxine sustained-release (generic Effexor XR), Pristiq Neuropathic Pain Diagnosis: gabapentin (generic Neurontin)

### Medications excluded from benefit coverage

We evaluate medications based on their total value, including how a medication works and how much it costs. When several medications work in the same way, we may choose to exclude prescription drug products that are comprised of components available in over-the-counter form or equivalent. The medications listed below are not covered under the pharmacy benefit plan.

Therapeutic Use	Medication Name	Lower-Cost Options
<b>Ulcers, Heartburn and Reflux</b>	Zegerid capsule	OTC Zegerid, omeprazole (generic Prilosec), pantoprazole (generic Protonix)

## Medications that require precertification (Connecticut and New York only)

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

Therapeutic Use	Medication Name	Lower-Cost Options
Acne	Clindagel <sup>1</sup>	clindamycin gel 1% (generic Cleocin-T)
	Sumaxin CP <sup>2</sup>	sulfacetamide sodium/sulfur (generic Sulfatol)
Contraceptive	Generess FE <sup>2</sup>	Gildess FE, Junel FE, Microgestin FE (generics for Loestrin FE)
Depression	Olepto <sup>1</sup>	trazodone (generic Desyrel)
Erectile Dysfunction	Staxyn <sup>2</sup>	Levitra, Viagra
Eye Allergies	Bepreve <sup>2</sup>	OTC ketotifen (Zaditor), azelastine ophthalmic solution (generic Optivar), Lastacaft
	Optivar (brand only) <sup>2</sup>	
Eye Pain	Bromday <sup>1</sup>	bromfenac (generic Xibrom), ketorolac (generic Acular)
Hepatitis C	Ribapak <sup>1</sup>	ribavirin (generic Copegus, Rebetol)
High Blood Pressure	Exforge <sup>1</sup>	<ul style="list-style-type: none"> <li>amlodipine (generic Norvasc) plus losartan (generic Cozaar)</li> <li>amlodipine (generic Norvasc) plus Benicar or Micardis</li> <li>amlodipine (generic Norvasc) plus Diovan</li> </ul>
	Exforge HCT <sup>1</sup>	<ul style="list-style-type: none"> <li>amlodipine (generic Norvasc) plus losartan/hydrochlorothiazide (generic Hyzaar)</li> <li>amlodipine (generic Norvasc) plus Benicar HCT or Micardis HCT</li> <li>amlodipine (generic Norvasc) plus Diovan HCT</li> </ul>
High Cholesterol	Altprev <sup>1</sup>	lovastatin (generic Mevacor)
	Lipitor (brand only) <sup>1</sup>	atorvastatin (generic Lipitor)
Inflammation	Flo-Pred <sup>2</sup>	prednisolone (generic Prelone), Orapred, Pediapred
Nasal Allergies	Astelin (brand only) <sup>1</sup>	azelastine nasal spray (generic Astelin), Astepro
Neuropathic Pain	Gralise <sup>2</sup>	gabapentin (generic Neurontin)
Pain	ConZip <sup>2</sup>	tramadol extended-release (generic Ultram ER), tramadol immediate-release (generic Ultram)
	Duexis <sup>2</sup>	ibuprofen (generic Motrin) plus OTC famotidine (generic Pepcid AC)
	Lorzone <sup>2</sup>	chlorzoxazone (generic Parafon Forte DSC)
	Skelaxin (brand only) <sup>1</sup>	chlorzoxazone (generic Parafon Forte DSC), cyclobenzaprine (generic Flexeril), metaxalone (generic Skelaxin), methocarbamol (generic Robaxin)
Psoriasis	Uramaxin GT Kit <sup>2</sup>	urea 40%
Restless Legs Syndrome	Horizant <sup>2</sup>	gabapentin (generic Neurontin)
Rosacea	Metrogel 1% <sup>1</sup>	metronidazole gel 0.75% (generic Metrogel)
	Rosadan Kit (gel) <sup>2</sup>	metronidazole gel 0.75% (generic Metrogel)
Skin Conditions (Other)	Aqua Glycolic HC <sup>2</sup>	hydrocortisone 2.5% (generic Hytone)
	Trianex <sup>2</sup>	triamcinolone (generic Aristocort)

	ProCort <sup>2</sup>	hydrocortisone/pramoxine (generic Analpram E)
	Promiseb Complete Kit <sup>2</sup>	Promiseb
<b>Toenail Infections</b>	Pedipirox-4 <sup>2</sup>	ciclopirox (generic Penlac)

1. 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.
2. These medications were excluded at launch in Connecticut and New York (unless medically necessary) - precertification 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, 1-800-544-4249 for assistance in Korean, or the telephone number on your health plan ID card for assistance in English and other languages.