



# Updates to your prescription benefits

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



**Tier 1**  
Your lowest-cost medications



**Tier 2**  
Your midrange-cost medications



**Tier 3**  
Your highest-cost medications

## Medications moving to a lower-tier

The following medications are moving to a lower tier, making them more affordable.

Therapeutic Use	Medication Name	Utilization	Tier Placement
<b>Diabetes<sup>1</sup></b>	Bydureon	0.07	Tier 3 to Tier 2
	Victoza 2-pak	0.17	
<b>Elevated Phosphorus Levels</b>	Velphoro	0.00	Tier 3 to Tier 2
<b>Pulmonary Arterial Hypertension</b>	Opsumit	0.00	Tier 3 to Tier 2

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

## 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	Utilization	Lower-Cost Options
<b>Blood Clots</b>	Coumadin	Tier 2 to Tier 3	0.11	warfarin (generic Coumadin)
<b>Cancer</b>	Targretin	Tier 2 to Tier 3	0.00	Valchlor
<b>COPD</b>	Spiriva HandiHaler	Tier 2 to Tier 3	0.36	Incruse Ellipta, Tudorza Pressair
<b>Heart Failure</b>	Lanoxin 0.125 mg and 0.25 mg	Tier 2 to Tier 3	0.01	digoxin (generic Lanoxin)
<b>Heart Rhythm</b>	Multaq	Tier 2 to Tier 3	0.12	amiodarone (generic Cordarone, Pacerone)
<b>Hepatitis C</b>	Olysio	Tier 2 to Tier 3	0.01	Harvoni
<b>Pain</b>	Oxycontin	Tier 2 to Tier 3	0.23	fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release (generic MS Contin), Nucynta ER, Opana ER
<b>Seizures</b>	Dilantin	Tier 2 to Tier 3	0.04	phenytoin (generic Dilantin)
	Tegretol	Tier 2 to Tier 3	0.02	carbamazepine (generic Tegretol)

## Medications with new benefit coverage

The following medications were previously not covered under most benefit plans and are now eligible for coverage.

Therapeutic Use	Medication Name	Utilization	Tier Placement
COPD	Incruse Ellipta	0.00	Tier 2
	Spiriva Respimat	0.00	Tier 3
Diabetes	Trulicity <sup>2</sup>	0.01	Tier 3
Fungal Infections	Kerydin <sup>2</sup>	0.00	Tier 3
Hemophilia	Eloctate <sup>2</sup>	0.00	Tier 3
Rheumatoid Arthritis (or other indications)	Rasuvo <sup>2</sup>	0.00	Tier 3

2. Precertification (sometimes referred to as preauthorization) is already required.

## 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.

Therapeutic Use	Medication Name	New Benefit Coverage	Utilization	Lower Cost Options
Acne	Riax	Excluded	0.00	tretinoin (generic Retin-A), OTC benzoyl peroxide
Warts	UltraSal-ER	Excluded	0.00	OTC salicylic acid
	Virasal		0.00	

3. In New Jersey, prescription drug products that include components available in over-the-counter form or equivalent are not covered under the pharmacy benefit plans; in New York, this includes non-FDA approved legend drugs, non-legend drugs and drugs available over-the-counter that do not require a prescription order or refill by federal or state law before being dispensed. Any prescription drug product that is therapeutically equivalent to an over-the-counter drug is not covered unless it is determined to be medically necessary.

## Medications that require precertification

The medications listed below require an employee's physician to provide additional prescribing information to determine if coverage is available. Sometimes this may mean that another medication will need to be tried first before a medication will be covered under your benefit.

Therapeutic Use	Medication Name	New Benefit Coverage	Utilization	Lower Cost Options
Acne	Avar	Precertification <sup>5</sup>	0.00	sulfacetamide sodium/sulfur
	Avar LS	Precertification <sup>5</sup>	0.00	
	Plexion	Precertification <sup>5</sup>	0.00	
Birthmark (hemangioma)	Hemangeol	Precertification <sup>5</sup>	0.00	propranolol tablet (generic Inderal), propranolol oral solution (generic Inderal)
Cough & Cold	Vituz	Precertification <sup>5</sup>	0.00	chlorpheniramine/hydrocodone/pseudoephedrine (generic Zutripro), guaifenesin/codeine solution (generic Cheratussin), hydrocodone/chlorpheniramine (generic Tussionex)
Fungal Infections	Ecoza foam	Precertification <sup>5</sup>	0.00	OTC Lamisil AT, OTC Lotrimin, OTC Lotrimin AF, econazole (generic Spectazole), ketoconazole (generic Nizoral), terbinafine (generic Lamisil)
Growth	Saizen	Precertification <sup>4</sup>	0.06	Nutropin, Nutropin AQ, Nutropin AQ NuSpin

<b>Hormone</b>	Tev-Tropin	Precertification <sup>4</sup>	0.00	
<b>Headaches</b>	Prodrin (Brand Only)	Precertification <sup>4</sup>	0.00	isometheptene/caffeine/acetaminophen 65/20/325mg (generic Prodrin)
<b>High Blood Pressure</b>	Diovan (Brand Only)	Precertification <sup>4</sup>	0.09	losartan (generic Cozaar), valsartan (generic Diovan), Benicar
<b>Infections</b>	Minocin 75mg (Brand only)	Precertification <sup>5</sup>	0.01	minocycline capsule (generic Dynacin, Minocin)
	Minocin 50mg, 100mg (Brand only)	Precertification <sup>4</sup>	0.00	
<b>Mental Health</b>	Versacloz	Precertification <sup>4</sup>	0.00	clozapine (generic Clozaril), clozapine orally disintegrating tablet (generic Fazaclo)
<b>Narcotic Overdose</b>	Evzio	Precertification <sup>5</sup>	0.00	naloxone (generic Narcan)
<b>Pain</b>	Celebrex (Brand Only)	Precertification <sup>4</sup>	0.08	celecoxib (generic Celebrex), diclofenac (generic Voltaren), ibuprofen (generic Motrin), meloxicam (generic Mobic), naproxen (generic Naprosyn)
	Exalgo (Brand Only)	Precertification <sup>4</sup>	0.00	fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release (generic MS Contin), Nucynta ER, Opana ER
	Pennsaid 2% solution	Precertification <sup>5</sup>	0.00	Voltaren Gel
<b>Rheumatoid Arthritis</b>	Otrexup	Precertification <sup>5</sup>	0.00	methotrexate tablets, Rasuvo
<b>Seizures</b>	Qudexy XR (topiramate products by Upsher-Smith)	Precertification <sup>5</sup>	0.00	topiramate immediate-release (generic Topamax)
<b>Severe Allergic Reactions</b>	Adrenaclick (brand and generic)	Precertification <sup>5</sup>	0.01	EpiPen, EpiPen Jr.
<b>Skin Conditions</b>	Keralac	Precertification <sup>5</sup>	0.00	urea 40% cream
	Ovace Plus	Precertification <sup>5</sup>	0.00	sulfacetamide sodium
	Protopic (Brand Only)	Precertification <sup>4</sup>	0.15	tacrolimus ointment (generic Protopic)
	Vytone	Precertification <sup>4</sup>	0.01	iodoquinol/hydrocortisone 1% cream, Dermazene cream
<b>Testosterone Replacement</b>	Vogelxo (testosterone products by Upsher-Smith)	Precertification <sup>5</sup>	0.00	Androderm, Testim
<b>Viral Infection</b>	Sitavig	Precertification <sup>5</sup>	0.00	acyclovir capsule/tablet (generic Zovirax), famciclovir tablet (generic Famvir), valacyclovir (generic Valtrex), OTC Abreva
<b>Wilson's Disease</b>	Cuprimine	Precertification <sup>4</sup>	0.00	Depen

4. For impacted plans, these medications may also move to the highest tier (Tier 3). Please refer to additional coverage language to determine exclusion status. For New York, medications may be excluded unless medically necessary.

5. These medications were excluded at launch in New York (unless medically necessary) – precertification may already be in place.



### For more information

Please contact your Oxford representative for more information or visit [oxfordhealth.com](http://oxfordhealth.com).

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