

## 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.

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

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

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

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

<sup>2.</sup> Precertification is already required to verify diagnosis.

Lipitor Update					
Therapeutic Use	Medication Name	Tier Placement	Utilization	Effective Date	
High Cholesterol	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		
Acne	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 Exclusion	Oxford Exclusions <sup>4</sup> - Precertification necessary (CT and NY only)					
Therapeutic Use	Medication Name	New Benefit Coverage⁴	Utilization	Alternatives		
Acne	Duac Duac CS	Precertification	1.63 0.07	Benzaclin 25g, Acanya		
Attention Deficit Hyperactivity Disorder (ADHD)	Kapvay	Precertification <sup>5</sup>	0.05	clonidine (generic Catapres), Intuniv		
Cancer Pain	Fentora	Precertification <sup>6</sup>	0.01	fentanyl citrate lozenges (generic Actiq), Abstral, Onsolis		
Dermatitis	Pramosone E	Precertification	0.03	hydrocortisone/pramoxine (generic Pramosone)		
High Blood Pressure	Nexiclon XR	Precertification <sup>5</sup>	too low to report	clonidine (generic Catapres)		
Osteoporosis	Atelvia	Precertification <sup>5</sup>	0.20	alendronate (generic Fosamax), Actonel, Boniva		
Pain	Zolvit	Precertification <sup>5</sup>	too low to report	hydrocodone / acetaminophen solution (Hycet)		
Sleep	Zolpimist	Precertification <sup>5</sup>	too low to report	zaleplon (generic Sonata), zolpidem (Ambien)		
Tostostorono Bonloosment	Axiron	Precertification <sup>5</sup>	0.08	Tootim		
Testosterone Replacement	Fortesta	Precertification <sup>5</sup>	0.05	Testim		

<sup>4.</sup> 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.

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

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

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

<sup>6.</sup> 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.

Hormonal Contraceptives – Health Care Reform Update - See fl for additional information					
Therapeutic Use Medication Name New Tier Placement Utilization Effective Date					
Hormonal	Natazia	Tier 3 to Tier 1	0.10	Effective August 1, 2012	
Contraceptives	Yasmin	Tier 2 to Tier 1	1.62	Effective August 1, 2012	
Emergency	Plan B One-Step	Tier 3 to Tier 1	0.03	Effective August 1, 2012	
Contraceptive	ella	Tier 3 to Tier 1	0.00	Effective August 1, 2012	

Supply Limi	it Update					
Therapeutic Use	Medication	Current Tier Placement	Supply Limit Information	Utilization	Grandfathering	Additional Information
Benign Prostatic Hyperplasia (BPH)	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		
Compounds using Bulk Powders	Lupron (leuprolide)	Tier 3	N/A	No		
Duik Fowders	Ketalar (ketamine)	Tier 3	N/A	No		
	Neurontin (gabapentin)	Tier 3	N/A	No		
	Non-sterioidal 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
Acne	Acanya 1.2% - 2.5%	N/A	50 grams	N/A	Yes	Yes
Acrie	Aczone 5%	Yes	30 grams	N/A	Yes	Yes
Alleraice	Astepro 0.1%, 0.15%	N/A	2 (30 ml bottles) 60 ml	N/A	Yes	No
Allergies	Patanase 0.6%	N/A	30.5 grams	N/A	Yes	No
Attention Deficit	Focalin XR 25mg	N/A	31 capsules	N/A	Yes	Yes
Hyperactivity Disorder (ADHD)	Focalin XR 35mg	N/A	31 capsules	N/A	Yes	No
	Sprycel 80mg	N/A	60 tablets	N/A	Yes	No
Cancer	Sprycel 140mg	N/A	30 tablets	N/A	Yes	No
	tretinoin 10mg	N/A	372 capsules	N/A	Yes	Yes
	Brilinta 90mg	N/A	62 tablets	N/A	Yes	No
Prevent Blood Clots	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			
Cancer	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			

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