

# Updates to your prescription benefits

Effective January 1, 2016

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> Your lowest-cost medications	 <b>Tier 2</b> Your mid-range cost medications	 <b>Tier 3</b> Your highest-cost medications
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## 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
Cancer	Xeloda	0.00	Tier 3 to Tier 1
COPD	Striverdi Respimat	0.00	Tier 3 to Tier 2

## 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
Asthma	Arnuity Ellipta	0.00	Tier 3
Blood Clots	Savaysa	0.00	Tier 3
Constipation	Movantik*	0.00	Tier 2
Gout	Mitigare	0.00	Tier 2
HIV	Evotaz	0.00	Tier 2
Pain	Zohydro ER*	0.00	Tier 3
Skin Conditions	Soolantra*	0.08	Tier 3

\* Step Therapy, First Start, or Precertification is required prior to coverage.

## 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
Asthma/COPD	Foradil	Tier 2 to Tier 3	0.02	Striverdi Respimat
Elevated Phosphate Levels	Fosrenol	Tier 2 to Tier 3	0.00	calcium acetate (generic Phoslo), Renvela, Velphoro
	Renagel	Tier 2 to Tier 3	0.01	calcium acetate (generic Phoslo), Renvela, Velphoro
Hormone Replacement	Divigel	Tier 2 to Tier 3	0.04	estradiol tablet (generic Estrace), Vivelle-Dot

## Medications no longer covered under most of our benefit plans\*

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
Allergies	Zyrtec oral solution (brand and generic)	Precertification <sup>1</sup>	0.00	OTC Children's Zyrtec Allergy Syrup
Ulcers, Heartburn, Reflux	Esomeprazole Strontium	Precertification <sup>2</sup>	0.00	omeprazole (generic Prilosec), pantoprazole (generic Protonix), OTC Nexium, OTC Prevacid, OTC Prilosec

\*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 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 readily necessary.

## Medications that require precertification

The medications listed below require your 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	Differin 0.3% gel (brand only)	Precertification <sup>1</sup>	0.06	adapalene gel (generic Differin), tretinoin (generic Retin-A)
	Onexton	Precertification <sup>2</sup>	0.08	clindamycin topical solution (generic Cleocin T) + OTC benzoyl peroxide or clindamycin/benzoyl peroxide 1.2%-5% (generic Duac)
Allergies	Karbinal ER	Precertification <sup>1</sup>	0.00	carbinoxamine tablets (generic Palgic)
Cancer	capecitabine (generic Xeloda)	Precertification <sup>1</sup>	0.03	Xeloda
Cancer Pain	Subsys	Precertification <sup>1</sup>	0.01	fentanyl citrate lozenges (generic Actiq), Lazanda
Constipation	PCP 100 Kit	Precertification <sup>2</sup>	0.00	metoclopramide (generic Reglan) + OTC medications for constipation
Diabetes*	Afrezza	Precertification <sup>2</sup>	0.00	Humalog

	Accu-Chek Diabetic Meters	Precertification <sup>1</sup>	0.75	OneTouch Meters
	Accu-Chek Diabetic Test Strips	Precertification <sup>1</sup>	0.75	OneTouch Test Strips
	Contour Diabetic Meters	Precertification <sup>1</sup>	0.75	OneTouch Meters
	Contour Diabetic Test Strips	Precertification <sup>1</sup>	0.75	OneTouch Test Strips
	Fortamet (brand and generic)	Precertification <sup>1</sup>	0.14	metformin (generic Glucophage), metformin extended-release (generic Glucophage XR)
	FreeStyle Diabetic Meters	Precertification <sup>1</sup>	0.75	OneTouch Meters
	FreeStyle Diabetic Test Strips	Precertification <sup>1</sup>	0.75	OneTouch Test Strips
	Glumetza	Precertification <sup>1</sup>	0.10	metformin (generic Glucophage), metformin extended-release (generic Glucophage XR)
	Glyxambi	Precertification <sup>2</sup>	0.01	Jardiance + Tradjenta
	Xigduo XR	Precertification <sup>2</sup>	0.01	Invokamet
<b>Gout</b>	colchicine capsule (Mitigare authorized generic)	Precertification <sup>2</sup>	0.00	Mitigare
	Colcrys (brand and authorized generic)	Precertification <sup>1,2</sup>	0.64	Mitigare
<b>Hepatitis C</b>	Moderiba Tablet/Pak	Precertification <sup>2</sup>	0.00	ribavirin (generic Copegus)
<b>Infections</b>	Acticlate	Precertification <sup>2</sup>	0.07	doxycycline hyclate (generic Vibramycin, Vibra-Tabs)
<b>Multiple Sclerosis</b>	Glatopa (generic Copaxone)	Precertification <sup>2</sup>	0.00	Copaxone, Avonex, Betaseron, Tecfidera
	Plegridy	Precertification <sup>2</sup>	0.01	Avonex, Copaxone, Betaseron, Tecfidera
<b>Opioid Dependence</b>	Bunavail	Precertification <sup>2</sup>	0.00	Zubsolv
<b>Pain</b>	Hysingla ER	Precertification <sup>2</sup>	0.00	fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Opana ER
	Xartemis XR	Precertification <sup>2</sup>	0.00	oxycodone/acetaminophen (generic Percocet)
<b>Skin Conditions</b>	fluorouracil 0.5% cream (Carac authorized generic)	Precertification <sup>2</sup>	0.00	Carac
<b>Testosterone Replacement</b>	Natesto	Precertification <sup>2</sup>	0.00	Androderm, Testim
	testosterone gel (Androgel authorized generic)	Precertification <sup>2</sup>	0.06	Androderm, Testim
	testosterone gel (Testim authorized generic)	Precertification <sup>2</sup>	0.06	Androderm, Testim
<b>Thyroid Hormone Replacement</b>	Tirosint	Precertification <sup>1</sup>	0.08	levothyroxine, Synthroid

\*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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<sup>1</sup> 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.

<sup>2</sup> These medications were excluded at launch in New York (unless medically necessary) – precertification may already be in place.

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### **For more information**

If you have any questions, please call us at the toll-free phone number on your health plan ID card or 1-800-444-6222. TTY users can dial 711. Si usted necesita ayuda en español llame al número de teléfono en su tarjeta de identificación, 若需中文協助, 請致電1-800-303-6719, 한국어로 도움이 필요하시면 1-888-201-4746, or the phone number on your ID card for help in English and other languages.

