


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.

| | | |
|---|--|--|
|  <p>Tier 1 Your lowest-cost medications</p> |  <p>Tier 2 Your mid-range cost medications</p> |  <p>Tier 3 Your highest-cost medications</p> |
|---|--|--|

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 | 0.01 | Tier 3 to Tier 1 |
| COPD | Striverdi Respimat | 0.01 | 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 | 0.01 | Tier 3 |
| Blood Clots | Savaysa | 0.00 | Tier 3 |
| Constipation | Movantik* | 0.02 | Tier 2 |
| Gout | Mitigare | 0.00 | Tier 2 |
| HIV | Evotaz | 0.01 | Tier 2 |
| Pain | Zohydro ER* | 0.00 | Tier 3 |
| Skin Conditions | Soolantra* | 0.13 | 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 | 0.05 | Striverdi Respimat |
| Blood Clots | Coumadin | Tier 2 to Tier 3 | 0.21 | warfarin (generic Coumadin) |
| Cancer | Targretin* | Tier 2 to Tier 3 | 0.01 | Valchlor |
| COPD | Spiriva HandiHaler | Tier 2 to Tier 3 | 0.54 | Incruse Ellipta, Tudorza Pressair |
| Elevated Phosphate Levels | Fosrenol | Tier 2 to Tier 3 | 0.11 | calcium acetate (generic Phoslo), Renvela, Velphoro |
| | Renagel | Tier 2 to Tier 3 | 0.07 | calcium acetate (generic Phoslo), Renvela, Velphoro |
| Growth Hormones | Saizen* | Tier 2 to Tier 3 | 0.04 | Nutropin, Nutropin AQ, Nutropin AQ NuSpin |
| Heart Failure | Lanoxin 0.125 mg and 0.25 mg | Tier 2 to Tier 3 | 0.05 | digoxin (generic Lanoxin) |
| Heart Rhythm | Multaq* | Tier 2 to Tier 3 | 0.08 | amiodarone (generic Cordarone, Pacerone) |
| Hepatitis C | Olysio* | Tier 2 to Tier 3 | 0.00 | Harvoni |
| Hormone Replacement | Divigel | Tier 2 to Tier 3 | 0.09 | estradiol tablet (generic Estrace), Vivelle-Dot |
| Pain | Oxycontin* | Tier 2 to Tier 3 | 0.53 | fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Opana ER |
| Seizures | Dilantin | Tier 2 to Tier 3 | 0.07 | phenytoin (generic Dilantin) |
| | Tegretol | Tier 2 to Tier 3 | 0.06 | carbamazepine (generic Tegretol) |
| Wilson's Disease | Cuprimine* | Tier 2 to Tier 3 | 0.00 | Depen |

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

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 ¹ | 0.00 | OTC Children's Zyrtec Allergy Syrup |
| Ulcers, Heartburn, Reflux | Esomeprazole Strontium | Precertification ² | 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 ¹ | 0.02 | adapalene gel (generic Differin), tretinoin (generic Retin-A) |
| | Onexton | Precertification ² | 0.05 | clindamycin topical solution (generic Cleocin T) + OTC benzoyl peroxide or clindamycin/benzoyl peroxide 1.2%-5% (generic Duac) |
| Allergies | Karbinal ER | Precertification ¹ | 0.00 | carbinoxamine tablets (generic Palgic) |
| Cancer | capecitabine (generic Xeloda) | Precertification ¹ | 0.09 | Xeloda |
| Cancer Pain | Subsys | Precertification ¹ | 0.03 | fentanyl citrate lozenges (generic Actiq), Lazanda |
| Constipation | PCP 100 Kit | Precertification ² | 0.00 | metoclopramide (generic Reglan) + OTC medications for constipation |
| Diabetes* | Afrezza | Precertification ² | 0.01 | Humalog |
| | Accu-Chek Diabetic Meters | Precertification ¹ | 1.32 | OneTouch Meters |
| | Accu-Chek Diabetic Test Strips | Precertification ¹ | 1.32 | OneTouch Test Strips |
| | Contour Diabetic Meters | Precertification ¹ | 1.32 | OneTouch Meters |
| | Contour Diabetic Test Strips | Precertification ¹ | 1.32 | OneTouch Test Strips |
| | Fortamet (brand and generic) | Precertification ¹ | 0.20 | metformin (generic Glucophage), metformin extended-release (generic Glucophage XR) |
| | FreeStyle Diabetic Meters | Precertification ¹ | 1.32 | OneTouch Meters |
| | FreeStyle Diabetic Test Strips | Precertification ¹ | 1.32 | OneTouch Test Strips |
| | Glumetza | Precertification ¹ | 0.10 | metformin (generic Glucophage), metformin extended-release (generic Glucophage XR) |
| | Glyxambi | Precertification ² | 0.01 | Jardiance + Tradjenta |
| | UniStrip 1 Meters | Precertification ¹ | 1.32 | OneTouch Meters |
| | UniStrip 1 Test Strips | Precertification ¹ | 1.32 | OneTouch Test Strips |
| | Xigduo XR | Precertification ² | 0.01 | Invokamet |
| Gout | colchicine capsule (Mitigare authorized generic) | Precertification ¹ | 0.00 | Mitigare |
| | Colcrys (brand and authorized generic) | Precertification ^{1,2} | 0.76 | Mitigare |

| | | | | |
|------------------------------------|--|-------------------------------|------|--|
| Hepatitis C | Moderiba Tablet/Pak | Precertification ² | 0.00 | ribavirin (generic Copegus) |
| Infections | Acticlate | Precertification ² | 0.09 | doxycycline hyclate (generic Vibramycin, Vibra-Tabs) |
| Multiple Sclerosis | Glatopa (generic Copaxone) | Precertification ² | 0.00 | Copaxone, Avonex, Betaseron, Tecfidera |
| | Plegridy | Precertification ² | 0.00 | Avonex, Copaxone, Betaseron, Tecfidera |
| Opioid Dependence | Bunavail | Precertification ² | 0.00 | Zubsolv |
| Pain | Hysingla ER | Precertification ² | 0.01 | fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Opana ER |
| | Xartemis XR | Precertification ² | 0.00 | oxycodone/acetaminophen (generic Percocet) |
| Skin Conditions | fluorouracil 0.5% cream (Carac authorized generic) | Precertification ² | 0.00 | Carac |
| Testosterone Replacement | Natesto | Precertification ² | 0.00 | Androderm, Testim |
| | testosterone gel (Androgel authorized generic) | Precertification ² | 0.09 | Androderm, Testim |
| | testosterone gel (Testim authorized generic) | Precertification ² | 0.09 | Androderm, Testim |
| Thyroid Hormone Replacement | Tirosint | Precertification ¹ | 0.18 | levothyroxine, Synthroid |

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

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

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.

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