



## **Prescription Drug Benefits Under the University of Arkansas Prescription Drug Program**

### **Summary of Benefits**

*Caremark is the prescription benefit manager of this plan.*

**Effective January 1, 2008**

**Retail Days' Supply Limitations:**

Up to 90-day supply

\*One retail copay applies for each 30-day supply purchased.

**Mail Service Days' Supply  
Limitations:**

Up to 90-day supply on maintenance medicines

\*One retail copay applies for each 30-day supply purchased.

**Standard Copay Amounts:**

Retail (up to 30-day supply)		Mail Service (up to 90-day supply)	
Generic (Tier 1)	\$10	Generic (Tier 1)	\$30
Formulary Brand (Tier 2)	\$30	Formulary Brand (Tier 2)	\$90
Non-Formulary Brand (Tier 3)	\$50	Non-Formulary Brand (Tier 3)	\$150

**\*EXAMPLE:** Formulary brand medicines purchased for up to a 30-day supply = \$30. For up to a 60-day supply = \$60. For up to 90-day supply = \$90. This stepped copay applies to both mail service and retail purchases of generic, formulary brand and non-formulary brand medicines.

**Mail Service Pharmacy:**

Caremark Mail Service Pharmacy

**Formulary Type:**

3-Tier Primary/Preferred Drug List

**Dependent Age Limitations:**

Dependents covered up to their 19<sup>th</sup> birthday. Dependents who are full-time students are covered up to their 25<sup>th</sup> birthday.

**Prescription Benefit Drug Card  
Produced By:**

Caremark (2 cards issued to primary plan participant, additional cards can be requested online at [www.caremark.com](http://www.caremark.com) or by contacting Caremark Customer Care toll-free at 1-800-375-2596).

**Refill Restrictions:**

Plan participant must use 50 percent of medicine before refill permitted (60 percent if refilled through mail service).

**Paper Claim Reimbursement for  
Plan Participants:**

If plan participant fails to use prescription drug card at a retail pharmacy and submits a paper claim to Caremark for reimbursement, the claim will be paid at the same rate the pharmacy would have been paid, less the applicable copay. There is also a \$1.50 processing fee withheld from plan participant reimbursement. Paper claim forms available online at [www.caremark.com](http://www.caremark.com).

**Pharmacy Network:**

Full pharmacy network; most pharmacies in Arkansas are included. For a complete list of participating pharmacies, please access our Web site at [www.caremark.com](http://www.caremark.com).

**Compounded Drug  
Reimbursement Policy:**

It is the policy of the University of Arkansas to place all compounded drugs at third tier (\$50 copay) under the prescription drug program. A compounded drug is considered to be any drug that is combined with another drug outside of the manufacturer's setting. This policy includes the compounding of one or more generic drugs.

**Brand Drug Status When Generic  
is Available:**

It is the policy of the University of Arkansas to place brand-name drugs to third tier (\$50) when its generic equivalent becomes available on the market. Moreover, if a plan participant chooses the brand product over the generic when available, there may be a product penalty applied in addition to the first tier (\$10) copay.

*The University of Arkansas Pharmacy Advisory Committee comprised of physicians, pharmacists and benefit specialists makes all formulary, quantity and days supply limitations decisions after careful consideration based upon published evidence-based medical data.*

**Please note that the University of Arkansas Preferred Drug List, administered by Caremark, is not intended to be inclusive or exclusive of all drugs on the market, but reflects the more commonly used drugs.** Be sure to verify coverage per plan programs and limitations. You may call Caremark Customer Care toll-free at 1-800-375-2596 or log in as a plan participant at [www.caremark.com](http://www.caremark.com).

### **COVERED PRESCRIPTIONS:**

Covered drugs include the following:

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| <ul style="list-style-type: none"> <li>• Insulin</li> <li>• Diabetes Supplies*</li> <li>• (QL) Blood Glucose Monitor**</li> <li>• Oral Contraceptives</li> <li>• Nuvaring and Contraceptive Patches</li> <li>• Glucagon</li> <li>• Most Injectable Medications</li> <li>• Cough Syrup with Codeine</li> <li>• Prescription Vitamins and Pediatric Vitamins</li> <li>• Pre-Natal Vitamins</li> </ul> | <ul style="list-style-type: none"> <li>• HIV Treatments</li> <li>• (QL) Compounded Medications</li> <li>• (QL) Smoking Cessation Products</li> <li>• Acne Medications</li> <li>• (QL) Retinoid Acne Products</li> <li>• (QL) Sedatives/Hypnotics/Insomnia Agents</li> <li>• (QL) Migraine Therapies</li> <li>• Allergic Emergency Injectables</li> <li>• (ST) Singulair</li> </ul> | <ul style="list-style-type: none"> <li>• (ST) Proton Pump Inhibitors (Ulcer meds)</li> <li>• (ST) COX2 Inhibitors (Celebrex)</li> <li>• (ST) ARBs (Hypertension)</li> <li>• (ST) Ranexa</li> <li>• (QL) Ultram Extended Release</li> <li>• (QL) Emsam Patch</li> <li>• (QL) Actiq/Fentora</li> </ul> |
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**(QL) = Quantity Limits (ST) = Step Therapy**

**\*Note:** Diabetes supplies (test strips, lancets, alcohol swabs, insulin needles/syringes) are \$0 when purchased with a doctor's prescription.

**\*\*Note:** Blood glucose monitors are available at no charge to plan participants by calling Lifescan toll-free at 1-888-427-8335.

**PRIOR AUTHORIZATION REQUIRED (PA):** Contact Caremark Customer Care toll-free at 1-800-375-2596 with questions and to begin the prior authorization process. **Other medications not listed below may also require prior authorization.**

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| <ul style="list-style-type: none"> <li>• Growth Hormones</li> <li>• Hemophilia Medications</li> <li>• Erectile Dysfunction Agents (Quantity Limits Apply)</li> <li>• Forteo</li> <li>• Lamisil and Sporanox (Oral Antifungals)</li> </ul> | <ul style="list-style-type: none"> <li>• Gleevec</li> <li>• Xolair (Asthma)</li> <li>• Antineoplastics</li> <li>• Osteoporosis Injectables</li> <li>• Nutritional Supplements for PKU</li> <li>• Injectables (Except Insulin)</li> <li>• Nexavar</li> </ul> | <ul style="list-style-type: none"> <li>• Revlimid</li> <li>• Botox</li> <li>• Sutent</li> <li>• Orenicia</li> </ul> |
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**IMPORTANT INFORMATION ON THE PRIOR AUTHORIZATION PROCESS:** Caremark will provide the necessary paperwork to the prescriber for medications that require prior authorization. Plan participant or prescriber must contact Caremark Customer Care toll-free at 1-800-375-2596 to begin the prior authorization process. Prescriptions listed as **excluded** (list available under the "Prescription Plan Exclusions" sheet at [www.caremark.com](http://www.caremark.com)) will not be authorized under any circumstances. Authorizations for changes to copays will not be permitted under any circumstances. In the event a request for prior authorization is denied, plan participants are to contact Caremark toll-free at 1-800-375-2596, if they wish to make an appeal.

**EXCLUSIONS:** This is an exclusion list by drug category. To see if a particular medication is considered a plan exclusion, you may call Caremark Customer Care toll-free at 1-800-375-2596 or log in as a plan participant at [www.caremark.com](http://www.caremark.com) and utilize the Co-Pay Counselor.

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| <ul style="list-style-type: none"> <li>• ***Diaphragms, IUDs and Misc. Contraceptives</li> <li>• Emergency Contraceptives</li> <li>• Fertility Medications</li> <li>• ***Implantable Contraceptives</li> <li>• Cosmetic Alteration Drugs</li> <li>• Hair Loss</li> <li>• Weight Loss</li> <li>• Dental Products</li> <li>• Topical Dental Fluorides</li> <li>• Immunizations</li> </ul> | <ul style="list-style-type: none"> <li>• Misc. Medical Supplies</li> <li>• Misc. Syringes</li> <li>• Infant Formulas or Liquid Nutritional Supplements</li> <li>• ****Over-the-Counter (OTC) Medications</li> <li>• Cough/Cold/Allergy Medications with OTC Equivalents</li> <li>• Cream/Ointment/Lotion with OTC Equivalents</li> <li>• H2 Antagonists with OTC Equivalents (Ulcer Meds)</li> </ul> | <ul style="list-style-type: none"> <li>• Acne Medications/Products with OTC Equivalents</li> <li>• Smoking Deterrents – OTC (patches are included, all other OTC smoking cessation products are excluded)</li> <li>• Vitamins – OTC</li> <li>• Nexium</li> <li>• Xopenex</li> <li>• Magnacet</li> </ul> |
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**Drugs may be added to the Exclusion list at any time.** Please be sure to verify coverage per plan programs and limitations. You may call Caremark Customer Care toll-free at 1-800-375-2596 or log in as a plan participant at [www.caremark.com](http://www.caremark.com).

New specialty medications released to the market will be excluded from coverage pending review by the University of Arkansas Pharmacy Advisory Committee.

*\*\*\*Certain contraceptives not covered under the prescription drug program, such as IUDs and implantable contraceptives, are covered under the health plan benefit. Please consult the QualChoice Summary Plan Description (SPD) for additional coverage details.*

*\*\*\*\*Over-the-Counter (OTC) Medications; OTC Prilosec, OTC Claritin and OTC Loratadine are covered with a prescription under the University of Arkansas prescription plan.*

#### **STEP PROGRAMS (ST):**

<b>Singulair Step Therapy</b>	Singulair not covered for allergic rhinitis. Prior authorization required for treatment of asthma. Plan participant must currently be on a beta-2 agonist (albuterol, etc.) and an inhaled Corticosteroid (Pulmicort, Qvar), or Advair (which is a combination of beta-2 agonist and corticosteroid) to qualify for coverage.
<b>Proton Pump Inhibitor (PPI) Program</b>	All proton pump inhibitors will require a 3rd tier copay except for Prilosec OTC and omeprazole (ST). Prilosec OTC is covered at the generic copay when a valid prescription is presented to the pharmacy. (PPIs include Prilosec, omeprazole, Prevacid, Aciphex, Protonix and Zegerid. Nexium is not covered.) A 30-day trial of OTC Prilosec must be tried prior to brand-name PPIs being covered.
<b>Celebrex Step Therapy</b>	Plan participant must try a 30-day supply of an NSAID such as Ibuprofen or Naproxen before Celebrex is covered, except in cases such as gastrointestinal bleed risk or concurrent drug therapy problem. For these conditions, a prior authorization is required for coverage of Celebrex inhibitors.
<b>ARB Step Therapy</b>	Plan participant must try a 30-day supply of an ACE inhibitor (Angiotensin II Converting Enzyme) before Angiotensin Receptor Blocker (ARB) is covered, or have serious ACE Inhibitor adverse affect. For these conditions, a prior authorization is required. (ARB Examples: Diovan, Avalide, Benicar, Cozaar, Hyzaar, etc.)
<b>Ranexa Step Therapy</b>	Plan participant must currently be taking a beta blocker (atenolol, Toprol XL, etc.), calcium channel blocker (verapamil, Norvasc), or a nitrate (nitroglycerin, isosorbide). Claim will be denied at point of sale if a QT prolongating medication like antipsychotics (thioridazine, Geodon) or Antiarrhythmics (quinidine, sotalol) has been filled within the last 45 days.

#### **QUANTITY LIMITATIONS (QL):**

<b>Proton Pump Inhibitor (PPI) Limitations</b>	Doses greater than one-per-day require a prior authorization. (PPIs include Prilosec, Prilosec OTC, omeprazole, Prevacid, Aciphex, Protonix and Zegerid. Nexium is not covered.)
<b>Celebrex Limitations</b>	Doses greater than one-per-day require a prior authorization.
<b>Migraine Therapies</b>	All migraine therapy products are subject to manufacturer recommended quantity limits. (Migraine therapy examples: Imitrex, Amerge, Relpax, Zomig, Zomig ZMT, Axert, Frova, Maxalt and Maxalt MLT)
<b>Smoking Cessation</b>	Covered for 90-day length of therapy per lifetime. Generic nicotine patches, only, will be covered for an additional 90-day therapy per lifetime. Chantix (varenicline tartrate) is covered for 180-day supply per year.
<b>Tretinoin (Retin-A), Retinoids</b>	Covered to age 25, then prior authorization required for non-cosmetic use.
<b>Ambien and Sonata</b>	Limited to 15 units per fill and only 15 units per rolling 30-day period. Copay applies for each 15-day supply.
<b>Actiq/Fentora</b>	Quantities greater than 6 units per 30 days require a prior authorization.
<b>Blood Glucose Monitors</b>	One per calendar year.
<b>Compounded Medications</b>	Covered up to \$200 per fill. All compound medications are third tier.