



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

Effective July 1, 2013

MedImpact Healthcare Systems, Inc. is the prescription benefit manager of this plan.

Retail Day's 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 (members must fill a 60-day supply within a one year period in order to use mail service, 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) \$ 35	Formulary Brand (Tier 2) \$ 105
Non-Formulary Brand (Tier 3) \$ 70	Non-Formulary Brand (Tier 3) \$ 210	
	Note: High cost generics new to market may have non-tier 1 copays applied during periods of generic manufacturer exclusivity. *EXAMPLE: Formulary brand medicines purchased for up to a 30-day supply = \$35. For up to a 60-day supply = \$70. For up to 90-day supply = \$105. This stepped copay applies to both mail service and retail purchases of generic, formulary brand and non-formulary brand medicines.	
Pharmacy Benefit Manager	MedImpact Healthcare Systems, Inc. https://mp.medimpact.com/uas Customer Service: 800-788-2949	
Mail Service Pharmacy:	MedVantx Pharmacy Services http://www.medvantx.com Tel: 866-744-0621 Fax: 605-978-3999	
Specialty Pharmacy:	Diplomat Specialty Pharmacy http://diplomatpharmacy.com/ Tel: 1-877-977-9118	
Formulary Type:	3-Tier Primary/Preferred Drug List	
Dependent Age Limitations:	Children may be covered until their 26th birthday.	
Prescription Benefit Drug Card Produced By:	To order a new a new ID card, call UMR at 1-888-438-6105.	
Refill Restrictions:	Plan participant must use 50 percent of medicine before refill permitted at retail (60 percent if refilled through mail service or Choice90).	
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 MedImpact Healthcare Systems 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.medimpact.com .	
Pharmacy Network:	Full pharmacy network; most pharmacies in Arkansas are included. For a complete list of participating pharmacies, please log in as a member at https://mp.medimpact.com/uas .	
Compounded Drug Reimbursement Policy:	It is the policy of the University of Arkansas to place all compounded drugs at third tier (\$70 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 (\$70 copay) 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 generic incentive applied in addition to the third tier (\$70) copay. If the physician does not allow generic substitution, then no generic incentive is applied to the claim. The generic incentive is the difference in cost between the available generic medication and the selected brand product. Example: Brand-name product costs \$185 dollars. The available generic costs \$75. The	

	difference in cost between brand and generic is \$110. If the plan participant chooses brand instead of the available generic, the generic incentive (\$110) will be added to the T3 copay (\$70) for a total plan participant cost of \$180.
Brand Drugs with Generic Copay	Due to manufacture pricing, Adderall XR brand name will be available for a generic copay. The generic version will not be covered by the University of Arkansas (subject to change).
Generic Drugs with Brand Copay	High cost generics new to market may have non-tier 1 copays applied during periods of generic manufacturer exclusivity. This period generally lasts approximately 6 months but is subject to market factors.

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 MedImpact Healthcare Systems, 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 MedImpact Customer Service toll-free at 1-800-788-2949 or log in as a member at <https://mp.medimpact.com/uas>.

COVERED PRESCRIPTIONS

Covered drugs include the following:

- Insulin
- Diabetes Supplies*
- Oral Contraceptives
- Nuvaring and Contraceptive Patches
- Glucagon
- Most Injectable Medications
- Cough Syrup with Codeine
- Prescription Vitamins and Pediatrics Vitamins
- Pre-Natal Vitamins
- HIV Treatments
- Acne Medications
- Allergic Emergency Injectables
- (QL) Blood Glucose Monitor**
- (QL) Compounded Medications
- (QL) Smoking Cessation Products
- (QL) Retinoid Acne Products
- (QL) Sedatives/Hypnotics/Insomnia Agents
- (QL) Migraine Therapies
- (QL) Ultram Extended Release
- (QL) Emsam Patch
- (QL) Actiq/Fentora
- (QL) Zostavax Vaccine
- (QL) Liquadd
- (ST) Singulair/Accolate/Zyflo
- (ST) ARBs (Hypertension)
- (ST) Daytrana
- (ST) Effexor XR
- (RBP) Proton Pump Inhibitors (Ulcer Meds)

(QL) = Quantity or Age Limits (ST) = Step Therapy

*NOTE: Only Bayer and Abbott testing supplies (test strips, lancets) are \$0 when purchased with a doctor's prescription. All other brands are considered tier 3, \$70 copay.

**** Receive a No Cost Blood Glucose Monitoring System**

Blood glucose monitoring systems from Abbott and/or Bayer Healthcare are available by calling Abbot at (866) 224-8892 or Bayer at (888) 832-1039 (code BDC-MI). These are the preferred manufacturers for diabetic testing supplies for the University of Arkansas and are available at zero copayment. All other brands are considered tier 3, \$70 copay.

PRIOR AUTHORIZATION REQUIRED (PA):

Contact MedImpact Customer Service toll-free at 1-800-788-2949 with questions and to begin the prior authorization process. **Other medications not listed below may also require prior authorization.**

- Growth Hormones
- Hemophilia Medications
- Erectile Dysfunction Agents (QL applies)
- Forteo
- Lamisil and Sporanox (Oral Antifungals)
- Gleevec
- Xolair (Asthma)
- Antineoplastics*
- Osteoporosis Injectables
- Nutritional Supplements for PKU
- Injectables (except Insulin)
- Nexavar
- Revlimid
- Botox
- Ranexa
- Sutent
- Orenica
- Somatulim
- Kuvan
- Intelence
- Syprine
- Selzentry
- Lyrica
- Abstral
- Natroba
- Fortesta
- Provigil
- Abilify

*Antineoplastic agents may be covered without prior authorization if prescribed by a physician specializing in oncology or neurology. PAs are typically valid for 12 months and then subject to renewal guidelines.

IMPORTANT INFORMATION ON THE PRIOR AUTHORIZATION PROCESS:

MedImpact Healthcare Systems will provide the necessary paperwork to the prescriber for medications that require prior authorization. Plan participant or prescriber must contact MedImpact Customer Service toll-free at 1-800-788-2949 to begin the prior authorization process. Prescriptions listed as **excluded** will not be authorized under any circumstances. Authorizations for changes to copays will not be permitted under any circumstances, except for Lipitor 80 mg. **In the event a request for prior authorization is denied, plan participants are to contact MedImpact Healthcare Systems toll-free at 1-800-788-2949 if they wish to make an appeal. All appeals information can be sent to MedImpact Healthcare Systems, 10680 Treena St., 5th Floor, San Diego, CA 92131 or fax to: 858-790-6060.**

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 MedImpact Customer Service toll-free at 1-800-788-2949 or log in as a member at <https://mp.medimpact.com/uas>. The majority of exclusions will be allowed to process, however the member will be responsible for 100% of the cost of the medication. The University of Arkansas System will not share in the cost.

Note: FDA approval of a drug does not guarantee inclusion as a covered item under the Prescription Drug program. Newly approved drugs are subject to review by the Pharmacy Advisory Committee before being covered or may be excluded altogether. In addition, the level of coverage for some Prescriptions may vary depending on the medication’s therapeutic classification. As a result, some medications (including, but not limited to, newly approved Prescriptions) may be subject to quantity limits or may require prior authorization before being dispensed.

EXCLUSIONS:

This is an exclusion list by drug category. To see if a particular medication is considered a plan exclusion, you may call MedImpact Customer Service toll-free at 1-800-788-2949 or log in as a member at <https://mp.medimpact.com/uas>.

- ***Diaphragms, IUDs and Misc. Contraceptives
- Fertility Medications
- ***Implantable Contraceptives
- Cosmetic Alteration Drugs
- Hair Loss
- Weight Loss
- Topical Dental Fluorides
- ***Immunizations
- Misc. Medical Supplies
- Misc. Syringes
- Infant Formulas or Liquid Nutritional Supplements
- *****Over-the-Counter (OTC) Medications
- Cough/Cold/Allergy Medications with OTC Equivalents
- Cream/Ointment/Lotion with OTC Equivalents
- H2 Antagonists with OTC Equivalents (Ulcer Meds)
- Acne Medications/Products with OTC Equivalents
- “Me Too” drugs (new drugs that do not provide substantial improvements over existing drugs in the same class)
- Smoking Deterrents-OTC (patches are included, all other OTC smoking cessation products are excluded)
- Vitamins-OTC
- Xopenex
- Magnacet
- Cox II Inhibitors (Celebrex)
- Non-Sedating Antihistamines (NSAs), OTC and prescription, brand and generic (Allegra, Zyrtec/D OC, Clarinex, Claritin/D OTC, and Xyzal)
- Treximet
- Nuvigil
- Asacol HD
- Incivek
- Lovaza

***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 UMR Summary Plan Description (SPD) for additional coverage details.

****Zostavax (QL) is a covered immunization/vaccine under the University of Arkansas prescription plan.

*****OTC Prilosec is covered with a prescription under the University of Arkansas prescription plan, with 1 retail copay for up to a 42 days supply.

STEP PROGRAMS (ST):

ARB Step Therapy	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. (ARB Examples: Diovan, Avalide, Benicar, Cozaar, Hyzaar, etc.)
Daytrana Step Therapy	Plan participant must try a 30-day supply of an oral ADD/ADHD medication before Daytrana patch

	is covered.
Byetta Step Therapy	Concurrent use with insulin is not allowed. To obtain Byetta, plan participant must be on concomitant therapy of one or more of the following diabetic drugs: a sulfonylurea, metformin, or thiazolidinedione or any combination of these products. (Examples of these drugs include generic metformin, chlorpropamide, glyburide, glipizide, Actos and Avandia.)
Lexapro Step Therapy	Plan participant must try a 30 day trial of a generic SSRI antidepressant before Lexapro is covered. (Examples of generic SSRIs: fluoxetine, citalopram, paroxetine or sertraline)

QUANTITY LIMITATIONS (QL):

Proton Pump Inhibitor (PPI) Limitations	Doses greater than one-per-day require a prior authorization. (Applicable PPIs include Prevacid, Aciphex, Protonix, Nexium and Zegerid).
Migraine Therapies	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.)
Smoking Cessation	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. Covered employees and dependents who wish to participate in the Smoking Cessation program are eligible for copay waivers for Chantix and two Primary Care Provider visit, no enrollment required.
Tretinolin (Retin-A, Atralin), Retinoids	Covered to age 25, then prior authorization required for non-cosmetic use.
Lovenox/enoxaparin	Covered for a maximum of 10 days therapy per fill with a maximum of 2 syringes per day.
Lipitor	Covered with a maximum dose of 2 tablets per day.
Actiq/Fentora	Quantities greater than 6 units per 30 days require a prior authorization.
Blood Glucose Monitors	One per calendar year. Bayer and Abbott brands preferred. All other manufacturers will return a non-formulary copay.
Compounded Medications	Covered up to \$200 per fill. All compound medications are third tier.
Dose Optimization	For drugs where FDA approval is once-daily dosing and different strengths are available at similar costs, quantity limits are set at 1 pill per day for the lower strengths in order to decrease costs and increase compliance. For example, if a member is taking two 20mg strength per day and the drug is available in a 40mg strength, a switch to the higher unit dose may be required. The dose optimization program includes but is not limited to , the following drugs (brand and generics): Coreg CR, Cymbalta, Effexor XR, Mirapex ER, Toprol XL, Ultram ER and Vyvanse.

REFERENCE BASED PRICING (RBP):

Proton Pump Inhibitor (PPI) drugs	Generic and Branded PPI drugs will be covered up to \$0.64 per pill. Any additional cost will be applied to the copay. (Examples include: pantoprazole, lansoprazole, Aciphex, Dexilant, Nexium, Prevacid, Protonix and Zegerid). Prescription/OTC omeprazole and Prilosec OTC (when presented with a valid prescription) will continue to be available at the standard copay rates. Other OTC PPI drugs will remain excluded.
Drugs to Treat Insomnia	Generic and Branded insomnia drugs will be covered up to \$0.19 per pill. Any additional cost will be applied to the copay. (Examples include: Ambien, Ambien CR, Edluar, Lunesta, Rozerem, Sonata). Zolpidem (generic Ambien) will continue to be available at the standard copay rates.
Overactive Bladder Drugs	Generic and Branded overactive bladder drugs will be covered up to \$0.30 per pill. Any additional cost will be applied to the copay. (Examples include: Detrol, Detrol LA, Ditropan XL, Enablex, Sanctura, Vesicare, and Oxytrol Patches). Oxybutynin Immediate release (generic Ditropan) will continue to be available at the standard copay rates, and Oxybutynin Extended Release (generic

	Ditropan XL) will be available at a tier 2 copay.
Skeletal Muscle Relaxants	Generic and Branded skeletal muscle relaxants (oral formulations) will be covered up to \$0.09 per pill. Any additional cost will be applied to the copay. (Examples include: Amrix, Fexmid, Norflex, Skelaxin, Soma, and Zanaflex). Baclofen, carisoprodol, cyclobenzaprine, methocarbamol, tizandine, and chlorzoxazone will continue to be available at the standard copay rates.
Nasal Steroids	Generic and Branded nasal steroids will be covered up to \$22.42 per device. Any additional cost will be applied to the copay. (Examples include: Beconase AQ, Flonase, Nasacort AQ, Nasalide, Nasarel, Nasonex, Omnaris, Rhinocort AQ, and Veramyst). Fluticasone (generic Flonase) and flunisolide (generic Nasalide) will continue to be available at the standard copay rates.
Osteoporosis Drugs	Generic and Branded osteoporosis drugs will be covered up to \$0.26 per pill. Any additional cost will be applied to the copay. (Examples include: Actonel, Actone w/ Calcium, Atelvia, Boniva, Fosamax, and Fosamax-D). Alendronate (generic Fosamax) will continue to be available at the standard copay rates.
Testosterone Replacement products	Topical and buccal testosterone formulations will be covered up to \$50 per canister/bottle/package. Any additional costs will be applied to the copay. (Examples include: Androderm, Androgel, Axiron, Fortesta, Striant and Testim). Injectable brand and generic testosterone will continue to be available at the standard copay rates.
'Statin' Drugs to Treat Cholesterol	Branded statin drugs and statin combos will be covered up to \$0.50 per pill. Any additional costs will be applied to the copay. (Examples include: Advicor, Alotprev, Crestor, Lescol/-XL, Lipitor, Livalo, Simcor, Vytorin). Generic atorvastatin, lovastatin, pravastatin and simvastatin will continue to be available at the standard copay rates.

MEDICATIONS TO TREAT HEPATITIS C:

Hepatitis C Drugs	Drugs used to treat Hepatitis C will be covered through Diplomat Specialty Pharmacy with \$0 copay. This includes ribavirin, (peg)interferon treatments, and Victrelis (Prior Authorization may still apply). Incivek is excluded from coverage.
--------------------------	--

DRUGS TO TREAT ADHD:

Extended Release (ER) ADHD Drugs	Extended release formulations (Examples include: Adderall XR, Concerta, Vyvanse) of drugs used to treat ADHD are covered for individuals 25 years of age and younger. Non-ER ADHD medications are available at the applicable benefit with no age restrictions.
---	---