



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

Effective January 2016

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

<b>Retail Day's Supply Limitations:</b>	Up to 90-day supply (one retail copay applies for each 30-day supply purchased).	
<b>Mail Service Days' Supply Limitations:</b>	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).	
<b>Standard Copay Amounts:</b>	<b>Retail (up to 30-day supply)</b>	
	Tier 1	\$ 15
	Tier 2	\$ 50
	Tier 3	\$ 80
	<b>Mail Service (up to 90-day supply)</b>	
	Tier 1	\$45
	Tier 2	\$150
	Tier 3	\$240
	Note: High cost generics may have non-tier 1 copays.	
<b>Out of Pocket Maximum</b>	<b>Individual</b>	<b>Family</b>
	\$1,600	\$3,200
<b>Pharmacy Benefit Manager</b>	MedImpact Healthcare Systems, Inc. <a href="https://mp.medimpact.com/uas">https://mp.medimpact.com/uas</a> Customer Service: 800-788-2949	
<b>Mail Service Pharmacy:</b>	MedVantx Pharmacy Services <a href="http://www.medvantx.com">http://www.medvantx.com</a> Tel: 866-744-0621 Fax: 605-978-3999	
<b>Formulary Type:</b>	3-Tier Primary/Preferred Drug List	
<b>Dependent Age Limitations:</b>	Children may be covered until the end of the month in which they turn age 26.	
<b>Prescription Benefit Drug Card Produced By:</b>	To order a new a new ID card, call UMR at 1-888-438-6105.	
<b>Refill Restrictions:</b>	Plan participant must use 50 percent of medicine before refill permitted at retail (60 percent if refilled through mail service or Choice90).	
<b>Paper Claim Reimbursement for Plan Participants:</b>	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 \$3.00 processing fee withheld from plan participant reimbursement. Paper claim forms available online at <a href="http://www.medimpact.com">www.medimpact.com</a> .	
<b>Pharmacy Network:</b>	Full pharmacy network; most pharmacies in Arkansas are included. For a complete list of participating pharmacies, please log in as a member at <a href="https://mp.medimpact.com/uas">https://mp.medimpact.com/uas</a> .	
<b>Compounded Drug Reimbursement Policy:</b>	It is the policy of the University of Arkansas to place all compounded drugs at third tier (\$80 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.	
<b>Brand Drug Status When Generic is Available:</b>	If the brand drug has a generic equivalent, the member will be responsible for 100% of the brand drug cost.	
<b>Brand Drugs with Generic Copay</b>	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).	
<b>Generic Drugs with Brand Copay</b>	Some high cost generics may have non-tier 1 copays. Please consult your PDL for more information or call MedImpact Healthcare Systems, Inc. at 800-788-2949.	

<b>Blood Glucose Monitors</b>	One per calendar year. Bayer and Abbott brands preferred. All other manufacturers will return a non-formulary copay.
<b>Compounded Medications</b>	Covered up to \$200 per fill. All compound medications are third tier.
<b>Dose Optimization</b>	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 <b>but is not limited to</b> , the following drugs (brand and generics): Coreg CR, Cymbalta, Effexor XR, Mirapex ER, Toprol XL, Ultram ER and Vyvanse.

*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 (PDL), 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>.

**\_(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, \$80 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, \$80 copay.

**PRIOR AUTHORIZATION REQUIRED (PA):**

A process that evaluates the drug's prescribed use against a predetermined set of criteria to determine whether your employer will cover the medication. In most cases, if the physician does not submit a prior authorization prior to you presenting your prescription at the pharmacy, the claim will be denied at point of service. Contact MedImpact Customer Service toll-free at 1-800-788-2949 with questions and to begin the prior authorization process.

To obtain a list of drugs that requires a Prior Authorization please consult your PDL or MedImpact's member website.

**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. **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, P.O. Box 509098, San Diego, CA 92150-9098 or fax to: 858-790-6060.**

**QUANTITY LIMITS (QL):**

A quantity limitation refers to the maximum days' supply or quantity of a medication that you can obtain at one time under your prescription benefits (example up to a 30 day supply or 100 unit dose). Sometimes general therapeutic categories, specific drug classes or individual medications may have additional quantity limitation restrictions. Please consult your PDL or MedImpact's member website to see if your drug has a quantity limit associated with it.

**EXCLUSIONS:**

Most drugs that are excluded under the University of Arkansas will be allowed to process but the member will be responsible for 100% of the drug cost.

**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.*

**REFERENCE BASED PRICING (RBP):**

<b>Drugs to Treat Insomnia</b>	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.
<b>Overactive Bladder Drugs</b>	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.
<b>Skeletal Muscle Relaxants</b>	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.
<b>Nasal Steroids</b>	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.
<b>Osteoporosis Drugs</b>	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.
<b>‘Statin’ Drugs to Treat Cholesterol</b>	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.

**DRUGS TO TREAT ADHD:**

<b>Extended Release (ER) ADHD Drugs</b>	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.
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