

University of Toledo- Human Resources  
Mail Stop 205  
2801 W. Bancroft Street  
Toledo OH 43606-3390



JOHN SAMPLE  
123 ANY STREET  
ANYWHERE IL 60532-0000



# EMPLOYEE PRESCRIPTION DRUG PROGRAM



Dear Member:

The University of Toledo is pleased to announce a new partnership with SXC Health Solutions, who will begin administrating the prescription drug program for Health Science Campus effective 1-1-09.

Please familiarize yourself with the materials included in this booklet to get the most from your prescription drug plan.

### Prescription Drug Program

The prescription drug program co-pays are as follows:

	UT Pharmacy Locations
<b>Up to a 90 day Supply</b>	
Tier 1 (Generic)	\$10.00
Tier 2 (preferred Brand)	22% of AWP +\$5.00
Tier 3 (non-preferred)	AAC + \$5.00
<b>After Meeting the Out of Pocket Max - \$400 Individual / \$800 Family</b>	
Tier 1 (Generic )	\$5.00
Tier 2 (preferred Brand)	\$5.00
Tier 3 (non-preferred Brand)	AAC + \$5.00

\*A 10 day emergency prescription may be filled at a retail network pharmacy

\*\* AWP is the Average Wholesale Price

\*\* AAC is the Actual Acquisition Cost

### UT Pharmacy Locations to Serve You

- **myUTPharmacy** is located in the Student Medical Center on the University of Toledo Main Campus
  - **Phone: 419-530-3471**
  - **Fax: 419-530-3473**
- **Health Science Campus Pharmacy** is located in the basement of The University of Toledo Medical Center
  - **Phone: 419-383-3750**
  - **Fax: 419-383-3208**

Your physician can call or fax a new prescription to one of the UT pharmacy locations. Please refer to the co-pay grid on page one.

## Pharmacy Hours of Operation

### myUTPharmacy Main Campus Student Medical Center

Monday-Friday 7:30 am – 6:00 pm

Saturday 9:00 am – 1:00 pm

(Will be closed for University holidays)

### Health Science Campus Outpatient Pharmacy

Monday-Friday 9:00 am – 6:00 pm

## Covered Services:

Covered medications must meet the following requirements:

- Prescribed by a licensed provider;
- The prescription medication is approved by the Food and Drug Administration (FDA); and
- Purchased at a UT pharmacy location
- A 10 day emergency prescription may be filled at a retail network pharmacy

## Examples of Covered Drugs

- Contraceptives
- Migraine Medications
- Immunosuppressants
- Chemotherapy
- EpiPens / Glucagon emergency kits
- Diabetic test strips and lancets
- Certain injectables

## Examples of EXCLUDED Drugs

- Impotence tablets
- PREVEN and Plan B
- Contraceptive Devices
- Fertility
- Growth Hormones
- Obesity Drugs

## Compound Medications

Compound medications are covered under your benefit, only when you fill your prescription at one of the pharmacies listed below:

- UT Pharmacy Locations
- Aring's Compound Corner
- Buderer Drug Company
- Pharmacy Counter

## Preferred Formulary Drug List

If you would like to review or print a copy of the *Abbreviated Preferred Formulary Drug List*, please visit the SXC website at <https://utr.rxportal.sxc.com>

Please Note: This is not a complete formulary list and is subject to change without advance notice. This list is a tool that helps guide you and your physician in choosing medications that allow the most effective use of your prescription drug benefit. By prescribing plan-preferred brand or generic drugs, your physician can help save you money. We encourage you to share the *Abbreviated Preferred Formulary Drug List* with your physician and other health care providers.

When receiving a new prescription, remember to ask your doctor to prescribe generic medication when applicable.

## We're Here to Help

SXC Health Solutions has fully trained representatives to assist you with all your benefit and claim processing questions. Representatives are available 7 days a week, 24 hours a day. Please call our toll-free telephone number at 1-800-325-1810 or visit the SXC website at <https://utr.rxportal.sxc.com>

## Your Prescription ID Cards are Included

Please check the name(s) on your Prescription ID card for accuracy before using. The ID number printed on your ID card is your University Rocket ID number. If your card is incorrect or you need an additional card(s), contact the SXC customer service center via our toll free number 1-800-325-1810.

Thank you, we look forward to serving you.

Sincerely,

SXC Health Solutions



## Prescription Co-pay Saving Opportunities

- Your University of Toledo Outpatient Pharmacy Prescription Drug Plan will allow you to participate in a **voluntary** pill-splitting program.
  - This voluntary program is only offered at the University of Toledo's Outpatient Pharmacy locations.
  - Experts have discovered trends in the pricing structure of these cholesterol-lowering agents. Here is how you can save money. Have your provider write a prescription for double your strength of Lipitor or Crestor and you can take half of the tablet (of this higher strength medication) to match your current dose.
  - Members who participate in this program will receive a reduction in their co-pay. In addition, the University will provide one pill-splitting device per year.
  - You will have an additional opportunity to save even more money if your physician agrees to switch your brand name Lipitor or Crestor to an equivalent dose of generic simvastatin. This will result in simvastatin being given FREE of charge at the University of Toledo Outpatient Pharmacy locations.
- Pill-splitting may not be appropriate for every type of medication or every individual patient. For the cholesterol-lowering medications included in this program, pill-splitting is easy, safe, and can be done in minimal time.
  - Generic medications (such as simvastatin) provide the least expensive co-pay opportunity for you. From quality and performance to manufacturing and labeling, generic medications meet FDA high standards for quality of care.
  - For more information regarding these saving opportunities, please contact The University of Toledo Outpatient Pharmacy locations.  
myUTPharmacy 419-530-3471  
Health Science Campus Pharmacy 419-383-3750



