

Preferred Drug Program: A Program for Three-Tier Groups

Common Questions & Answers

Q. Does the Three-Tier Drug Program limit which drugs my physician can prescribe for me?

- A. This list is not meant to replace a physician's judgement for prescribing decisions. The ODS Alaska Preferred Drug Program is designed to offer cost-effective choices that will save members money on prescription drugs. ODS Alaska does not take responsibility for any medication decisions made by the prescriber or dispensing pharmacist.

Q. What if my prescribed drug is not listed on the chart?

- A. The ODS Alaska Preferred Drug Chart is not an all-inclusive list. Generic drugs that do not appear on the list will be charged at the generic co-payment rate. Brand drugs for therapies not appearing on this list and that do not have less expensive brand and/or generic alternatives available will be considered paid at the preferred rate. Newly FDA-approved medications not on this list will be considered as non-preferred until reviewed by the ODS Alaska Pharmacy and Therapeutics Committee.

Q. How will diabetic drugs and supplies be covered?

- A. Unless otherwise stated on the Preferred Drug Chart, diabetic and other covered supplies will be paid as preferred brand drugs. Refer to your member handbook for specific co-payment information.

Q. How will compounded prescriptions be covered?

- A. Compounded prescriptions will be paid as preferred brand drugs.

Q. What if there is no generic alternative for the drug I am prescribed?

- A. ODS Alaska recognizes that there are drugs for which there are no generic or brand alternatives. These drugs will be considered paid at the preferred or non-preferred brand co-pay.

Q. My physician prescribes a brand drug for me with no generic substitutions because it is the medication he feels works the best in my situation. Does this mean I have to pay the brand co-pay?

- A. If your physician has written a prescription for a branded product for which a generic is available but the physician has restricted generic substitution, you will pay the brand co-payment. Your individual prescription benefit may vary; please consult your member handbook for specific coverage information.

Q. If my physician does not restrict generic substitutions, but I want the preferred or non-preferred brand drug, what co-pay will I have to pay?

- A. If you are requesting the brand name drug be dispensed and your physician wrote a prescription for a branded product but did not restrict substitution, then — assuming the generic product is available — you would pay the preferred or non-preferred brand co-payment, plus the difference between generic and preferred or non-preferred brand price. Your individual prescription benefit may vary; please consult your member handbook for specific coverage information.

Q. How do I use my mail order benefit?

- A. Members have the option of obtaining a 90-day supply per prescription for covered maintenance drugs and medicines through our mail order pharmacy. Special mail order pharmacy forms are available from your employer, from ODS Alaska or on our website at www.odsalaska.com. Refer to your member handbook for co-payment information.

Q. When is the Three-Tier Drug Chart updated and how are members notified?

- A. Modifications to the list reflecting new drugs or changes in treatment patterns will be made throughout the year. The list is available on the ODS Alaska website at www.odsalaska.com or through the ODS Alaska Customer Service department.

More information about the Preferred Drug Chart is available on the ODS website at www.odsalaska.com or by calling ODS Alaska Pharmacy Customer Service at **1-888-361-1610**.

Insurance products are provided by ODS Health Plan Inc. and Oregon Dental Service.



2008 Preferred Drug Chart

Preferred Drug Program: A Three-Tier Co-payment Program that Works for You

Effective: January 1, 2008. For prior effective dates, please contact ODS Alaska Customer Service.

What is the ODS Alaska Preferred Drug Program?

The ODS Alaska Preferred Drug Program is designed to offer cost-effective choices that will save ODS Alaska members money on prescription drugs.

What makes the ODS Alaska Preferred Drug Program different?

The ODS Alaska Preferred Drug Program works differently than a typical drug formulary. Many drug formularies require you to use the generic or low-cost brand drugs listed on their formulary and will not pay for any high-cost drugs not on that list. The ODS Alaska Preferred Drug Program offers more flexibility — members can choose high-cost drugs if they desire and still have a portion of the costs paid by ODS Alaska.

How does the program work?

This program uses a three-tier co-payment system. Members can choose between generic, preferred brand name or non-preferred — each with a different co-payment amount. Your co-payment will vary depending on which drugs you choose. Our list of generic, preferred brand and non-preferred brand drugs are categorized for you on the following Preferred Drug Chart. In some cases, coverage levels may vary because of group-specific plan design and program initiatives.

You can find the Preferred Drug Chart on the ODS website at www.odsalaska.com.

Generic Drug	Preferred Brand Drug	Non-Preferred Brand Drug
Generic drugs have been determined by physicians and pharmacists to be therapeutically equivalent to the brand name version. Generic drugs must contain the same active ingredients as their brand name counterpart and be identical in strength, dosage form and route of administration.	Preferred brand drugs have been reviewed by ODS Alaska and found to be clinically effective. Drugs listed in this tier are of two types. The first type is a drug that is a standard and unique treatment and does not have comparable alternatives. The second type is a drug that has the most favorable cost when comparable alternatives are available.	Non-preferred brand drugs have been reviewed by ODS Alaska and found to have no significant treatment or cost advantage over preferred brands. The co-payment for drug in this tier will be at the non-preferred tier amount. Refer to your member handbook for specific co-payment amounts.

* Quantity limits based on FDA dosing guidelines.
 ▼ Prior authorization required.
 § Prescription required in Alaska.

Drug category

Drug name and restrictions (generic drugs are listed in lower case; this is most likely how they will appear on your prescription)

HOW TO READ YOUR PREFERRED DRUG CHART

Allergy: Oral & Nasal Inhaler			
	G	P	NP
Alavert/Claritin/loratadine	OTC		
Allegra-D			✓
chlorpheniramine	OTC		
Claritin-D/loratadine-D ^s	OTC		
Clarinex			✓
Clarinex-D			✓
cyproheptadine	✓		

Tier Listings:
G - generic drug
P - preferred brand drug
NP - non-preferred brand drug
OTC - over-the-counter drug products; may be covered by your plan

See your member handbook to find specific co-payment amounts and covered drugs.

Key:	
* Quantity limits based on FDA dosing guidelines.	
▼ Prior authorization required.	
§ Prescription required in Oregon.	
G - generic drug	P - preferred brand drug
NP - non-preferred brand drug	OTC - over-the-counter drug products; may be covered by your plan

All drugs NOT listed are paid as generic or preferred. Newly FDA-approved medications not on this list will be considered non-preferred until reviewed by the ODS Alaska Pharmacy and Therapeutics Committee.

Allergy: Oral & Nasal Inhaler			
	G	P	NP
Alavert/Claritin	OTC		
Allegra-D			✓
chlorpheniramine	OTC		
Claritin-D/loratadine-D [§]	OTC		
Clarinex			✓
Clarinex-D			✓
cyproheptadine	✓		
dexchlorpheniramine	✓		
diphenhydramine	OTC		
fenofenadine	✓		
hydroxyzine	✓		
loratadine	✓		
Xyzal			✓
Zyrtec			✓
Zyrtec-D			✓
Astelin nasal		✓	
Beconase AQ nasal			✓
flunisolide nasal	✓		
fluticasone nasal	✓		
Nasacort AQ nasal			✓
Nasonex nasal			✓
Rhinocort AQ nasal			✓
Veramyst nasal			✓

Behavioral Health: Antidepressants			
	G	P	NP
amitriptyline	✓		
bupropion IR/SR/XL	✓		
citalopram	✓		
Cymbalta		✓	
desipramine	✓		
doxepin	✓		
Effexor XR		✓	
fluoxetine	✓		
imipramine	✓		
Lexapro		✓	
mirtazapine	✓		
nortriptyline	✓		
paroxetine	✓		
Paxil CR			✓
Pexeva			✓
Prozac Weekly			✓
Sarafem			✓
sertraline	✓		
trazodone	✓		
venlafaxine IR	✓		

Behavioral Health: Attention Deficit/Narcolepsy			
	G	P	NP
amphetamine (generic Adderal)	✓		
Adderal XR		✓	
Concerta			✓
d-amphetamine (generic dexedrine)	✓		
Focalin			✓
Focalin XR			✓
Metadate CD		✓	
methylphenidate	✓		
methylphenidate ER	✓		
Provigil			✓
Ritalin LA			✓
Ritalin SR		✓	
Strattera			✓

Anti-Viral			
	G	P	NP
All drugs used in treatment of HIV		✓	
acyclovir	✓		
amantadine	✓		
Famvir		✓	
Relenza*		✓	
rimantadine	✓		
Tamiflu*		✓	
Valtrex		✓	
Vfend▼			✓

Anti-Ulcer Gastrointestinal			
	G	P	NP
Aciphex*			✓
cimetidine	✓		
famotidine	OTC		
Helidac			✓
metoclopramide	✓		
misoprostol	✓		
Nexium*	✓		✓
nizatidine	OTC		
omeprazole	✓		
Prevacid*			✓
Prevacid NapraPAC*			✓
Prevacid			✓
Pylera			✓
Prilosec	OTC		
Protonix*			✓
ranitidine	✓		
sucralfate	✓		
Zegerid*			✓

Hormone Replacement			
	G	P	NP
Generic hormone replacement	✓		
Brand hormone replacement		✓	

Asthma/COPD: Inhalers, Oral & Agents			
	G	P	NP
Advair Diskus		✓	
Aerobid			✓
Aerobid M			✓
Asmanex			✓
Atrovent HFA		✓	
Azmacort		✓	
Combivent		✓	
Flovent HFA		✓	
Foradil		✓	
Maxair Autohaler		✓	
ProAir HFA		✓	
Pulmicort		✓	
QVAR		✓	
Serevent Diskus		✓	
Spiriva		✓	
Symbicort		✓	
Accolate oral		✓	
Singulair oral		✓	
theophylline oral	✓		
Zyflo oral			✓

Diabetes: Oral & Injectable			
	G	P	NP
Actos		✓	
Avandia		✓	
Avandamet		✓	
glimepiride	✓		
glipizide	✓		
glipizide/metformin	✓		
glyburide	✓		
glyburide/metformin	✓		
Glyset			✓
Januvia		✓	
metformin	✓		
metformin ER	✓		
Prandin			✓
Precose		✓	
Starlix			✓
All insulins		✓	
Byetta injectable▼		✓	
Symlin injectable▼		✓	

Migraine: Oral, Nasal & Injectable			
	G	P	NP
Amerge*			✓
Axert*			✓
ergotamine/caffeine	✓		
Frova*			✓
Imitrex*		✓	
Maxalt*, Maxalt MLT*			✓
Midrin	✓		
Relpax*			✓
Zomig*, Zomig ZMT*		✓	

Cardiovascular: Beta Blockers			
	G	P	NP
acebutolol	✓		
atenolol	✓		
betaxolol	✓		
bisoprolol	✓		
carvedilol	✓		
labetalol	✓		
metoprolol	✓		
metoprolol succinate 24	✓		
nadolol	✓		
pindolol	✓		
propranolol	✓		
sotalol	✓		
timolol	✓		

Cardiovascular: Calcium Channel Blockers			
	G	P	NP
amlodipine	✓		
Cardene SR			✓
Cardizem CD			✓
Cardizem LA		✓	
diltiazem ER/SR	✓		
Dynacirc CR			✓
felodipine	✓		
Isoptin SR			✓
isradipine	✓		
nicardipine IR	✓		
nifedipine ER/XL	✓		
Sular		✓	
Tiazac		✓	
verapamil IR/SR	✓		
Verelan PM		✓	

Cardiovascular: Cholesterol Lowering			
	G	P	NP
cholestyramine	✓		
Colestid			✓
colestipol	✓		
Crestor*		✓	
fenofibrate	✓		
gemfibrozil	✓		
Lescol*		✓	
Lescol XL*		✓	
Lipitor*		✓	
lovastatin	✓		
Niaspan		✓	
pravastatin	✓		
simvastatin	✓		
Tricor		✓	
Vytorin		✓	
Welchol			✓
Zetia			✓

Sedatives/Sleep Aids			
	G	P	NP
Ambien CR			✓
Sonata			✓
Lunesta			✓
Rozerem			✓
temazepam	✓		
zolpidem	✓		

Cardiovascular: ACEI/ACEII Antagonists/Combinations			
	G	P	NP
Aceon		✓	
Altace		✓	
amlodipine/benazepril	✓		
Atacand			✓
Atacand HCT			✓
Avalide			✓
Avapro			✓
Benicar		✓	
Benicar HCT		✓	
benazepril	✓		
benazepril/HCTZ	✓		
captopril	✓		
captopril/HCTZ	✓		
Cozaar		✓	
Diovan		✓	
Diovan HCT		✓	
enalapril	✓		
enalapril/HCTZ	✓		
fosinopril	✓		
fosinopril/HCTZ	✓		
Hyzaar		✓	
lisinopril	✓		
lisinopril/HCTZ	✓		
Mavik		✓	
Micardis			✓
Micardis HCT			✓
moexipril	✓		
quinapril	✓		
quinapril/HCTZ	✓		
Teveten			✓
Teveten HCT			✓

NSAIDs: Pain/Inflammation			
	G	P	NP
Arthrotec			✓
Celebrex*		✓	
choline mg trisalicylate	✓		
diclofenac	✓		
diflunisal	✓		
etodolac	✓		
fenopropfen	✓		
flurbiprofen	✓		
ibuprofen	✓		
indomethacin	✓		
ketoprofen	✓		
ketorolac*	✓		
meclfenamate	✓		
meloxicam	✓		
nabumetone	✓		
Napralan			✓
naproxen	✓		
oxaprozin	✓		
piroxicam	✓		
Ponstel			✓
salsalate	✓		
sulindac	✓		
Voltaren XR			✓

Antibiotics			
	G	P	NP
amoxicillin	✓		
amoxicillin/clavulanate	✓		
ampicillin	✓		
Augmentin XR			✓
Avelox			✓
azithromycin*	✓		
Cedax		✓	
cefaclor	✓		
cefadroxil	✓		
cefepodoxime (suspension only)	✓		
cefprozil	✓		
cefuroxime	✓		
cephalexin	✓		
clarithromycin	✓		
clarithromycin ER	✓		
ciprofloxacin	✓		
Cipro XR			✓
clindamycin	✓		
dicloxacillin	✓		
Doryx			✓
doxycycline	✓		
Dynabac		✓	
erythro ethylsuccinate	✓		
erythro/sulfisoxazole	✓		
erythromycin base	✓		
erythromycin estolate	✓		
erythromycin stearate (suspension only)	✓		
Factive		✓	
Levaquin			✓
Lorabid			✓
Maxaquin			✓
metronidazole	✓		
minocycline	✓		
nitrofurantoin	✓		
Noroxin			✓
ofloxacin	✓		
Omnicef		✓	
penicillin VK	✓		
Suprax		✓	
Tequin			✓
tetracycline	✓		
trimethoprim/smx	✓		
Zyvox			✓

Osteoporosis Agents: Oral, Nasal & Injectable			
	G	P	NP
Actonel*		✓	
Boniva*			✓
Evista		✓	
Fosamax*		✓	
Miacalcin nasal			✓
Forteo injectable▼		✓	

See your member handbook to find specific co-payment amounts and covered drugs.