



ODS 2012 PREFERRED DRUG LIST

An evidence-based pharmacy program that works for you

WHAT IS THE ODS PREFERRED DRUG PROGRAM?

The ODS Preferred Drug Program is a pharmacy program that is designed to offer a choice of drugs that are safe, effective treatments; and to provide value to ODS members by saving them money on the cost of prescription drugs.

HOW DOES THE PROGRAM WORK?

This program uses a tiered copay system. Members and their doctors can choose between value tier, select generic (tier 1), preferred (tier 2) or brand (tier 3) drugs. Each tier has a different copay amount and will depend on your benefit. Refer to your member handbook for specific tier and coverage information.

WHO MAKES DECISIONS ABOUT DRUGS ON THE PREFERRED DRUG LIST?

The list is developed and maintained by a committee comprised of doctors and pharmacists called the Pharmacy and Therapeutics Committee. The committee makes decisions based on information about the drug's safety, effectiveness and associated clinical outcomes.

VALUE TIER	TIER 1 SELECT GENERIC	TIER 2 PREFERRED	TIER 3 BRAND
<p>Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health.</p> <p>Plans that do not include a Value tier benefit will have drugs categorized under this tier paid at the tier 1 or tier 2 copay/coinsurance levels.</p>	<p>Tier 1, generic drugs must contain the same active ingredients as their brand name counterpart and be identical in strength, dosage form and route of administration.</p> <p>This benefit level may also include select brand medications that have been identified as favorable from a clinical and cost effective perspective.</p>	<p>Tier 2, preferred drugs are those that represent a unique treatment option and do not have comparable alternatives. Other drugs included in this tier are those that represent the most favorable cost option when comparable alternatives are available.</p> <p>Generic medications that have been identified as having no more favorable outcomes, from a clinical perspective, than other more cost effective generics may be included in this tier.</p>	<p>Tier 3 brand drugs have been reviewed by ODS and found to have no significant treatment or cost advantage over preferred tier 2 drugs.</p> <p>The copay/coinsurance for drugs in this tier will be at the tier 3 copayment amount.</p> <p>If you request a brand name drug or your physician prescribes a brand name drug when a generic equivalent is available, you may be responsible for the brand copayment plus the difference in cost between the generic and the brand name drug. Please refer to your pharmacy benefits outlined in your member handbook.</p>

Additional information about the Preferred Drug Program can be found on the ODS website at www.odsalaska.com or by calling ODS Pharmacy Customer Service at 888-361-1610.

Effective: January 1, 2012. For prior effective dates, please contact ODS Customer Service.

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

HOW TO READ YOUR PREFERRED DRUG LIST

Refer to your Member Handbook to find specific copay amounts and covered drugs.

Drugs that are new to the market are not included within your drug benefit until reviewed by the Pharmacy and Therapeutics Committee. Please contact ODS Customer Service if you are taking a drug that is new to the market.

Additional information about the Preferred Drug Program and other drugs that require clinical review can be found on the ODS website at www.odsalaska.com or by calling Customer Service at 888-361-1610.

DRUG NAME	V	SG	P	B	DRUG NAME	V	SG	P	B	DRUG NAME	V	SG	P	B
ABILIFY			✓		AZASITE				✓	ELIDEL			✓	
ACANYA				✓	AZITHROMYCIN		✓			ELMIRON			✓	
ACETAMINOPHEN-CODEINE		✓			BACTROBAN				✓	ENABLEX				✓
ACIPHEX				✓	BENICAR			✓		ENJUWIA				✓
ACTIVELLA				✓	BENICAR HCT			✓		ENTOCORT EC			✓	
ACTONEL				✓	BEYAZ				✓	EPIDUO				✓
ACTOPLUS MET				✓	BONIVA				✓	EPIPEN				✓
ACTOS				✓	BYETTA				✓	EPIPEN JR			✓	
ACYCLOVIR		✓			BYSTOLIC				✓	ESTRACE				✓
ACZONE				✓	CADUET				✓	ESTRADIOL		✓		
ADVAIR DISKUS			✓		CANASA			✓		ESTRING			✓	
ADVAIR HFA			✓		CEFDINIR		✓			EVISTA			✓	
AGGRENOX				✓	CELEBREX				✓	EXFORGE				✓
ALLOPURINOL		✓			CENESTIN				✓	FEMHRT				✓
ALREX			✓		CEPHALEXIN		✓			FEMRING			✓	
AMITIZA			✓		CIPRODEX			✓		FINACEA				✓
AMITRIPTYLINE HCL	✓				CIPROFLOXACIN HCL		✓			FLOVENT HFA			✓	
AMLODIPINE BESYLATE		✓			CITALOPRAM HBR	✓				FLUCONAZOLE		✓		
AMOX TR-POTASSIUM CLAVULANATE		✓			CLOBEX				✓	FLUOXETINE HCL	✓			
AMOXICILLIN		✓			CLONAZEPAM		✓			FLUTICASONE PROPIONATE		✓		
AMPHETAMINE SALT COMBO		✓			COLCRYS				✓	FOCALIN XR				✓
ANDROGEL				✓	COMBIGAN				✓	FUROSEMIDE		✓		
ARMOUR THYROID			✓		COMBIPATCH			✓		GABAPENTIN		✓		
ASACOL			✓		COMBIVENT			✓		GEODON			✓	
ASMANEX				✓	COREG CR			✓		GLUCAGON EMERGENCY KIT			✓	
ASTEPRO				✓	CRESTOR				✓	HUMALOG	✓			
ATACAND				✓	CYCLOBENZAPRINE		✓			HUMULIN N	✓			
ATACAND HCT				✓	CYMBALTA				✓	HUMULIN R	✓			
ATENOLOL	✓				DETROL LA				✓	IBUPROFEN	✓			
ATRIPLA			✓		DEXILANT				✓	INTUNIV				✓
ATROVENT HFA			✓		DIAZEPAM		✓			JANUMET				✓
AVALIDE				✓	DIFFERIN				✓	JANUVIA				✓
AVAPRO				✓	DIOVAN				✓	KADIAN				✓
AVELOX				✓	DIOVAN HCT				✓	LAMOTRIGINE		✓		
AVODART				✓	DUAC CS				✓	LANTUS			✓	
				✓	EFFIENT				✓	LANTUS SOLOSTAR			✓	

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LEVAQUIN				✓	NOVOLOG			✓		SAVELLA			✓	
LEVEMIR				✓	NUCYNTA				✓	SEASONIQUE				✓
LEVOTHYROXINE SODIUM		✓			NUVARING			✓		SEROQUEL			✓	
LEXAPRO				✓	NUVIGIL				✓	SEROQUEL XR			✓	
LIALDA				✓	OMEPRAZOLE		✓			SERTRALINE HCL	✓			
LIDODERM				✓	OMNARIS				✓	SIMCOR				✓
LIPITOR			✓		ONGLYZA				✓	SIMVASTATIN	✓			
LISINOPRIL	✓				OPANA ER				✓	SINGULAIR			✓	
LISINOPRIL-HCTZ	✓				ORTHO EVRA				✓	SPIRIVA			✓	
LOESTRIN 24 FE				✓	ORTHO TRI-CYCLEN LO				✓	SPIRONOLACTONE		✓		
LORAZEPAM		✓			OXYCODONE HCL		✓			STRATTERA				✓
LOSARTAN POTASSIUM		✓			OXYCODONE-ACETAMINOPHEN		✓			SUBOXONE FILM			✓	
LOTEMAX			✓		OXYCONTIN			✓		SULFAMETHOXAZOLE-TRIMETHOPRIM		✓		
LOVASTATIN	✓				PANTOPRAZOLE SODIUM		✓			SUPREP				✓
LUMIGAN				✓	PAROXETINE HCL		✓			SYMBICORT			✓	
LUNESTA				✓	PATADAY				✓	SYNTHROID				✓
LYBREL				✓	PATANOL				✓	TAMIFLU			✓	
LYRICA				✓	PENICILLIN V POTASSIUM		✓			TAZORAC			✓	
MALARONE				✓	PENTASA			✓		TRAMADOL HCL		✓		
MAXALT				✓	PLAVIX			✓		TRANSDERM-SCOP				✓
MAXALT MLT				✓	POTASSIUM CHLORIDE		✓			TRAVATAN Z				✓
MENEST			✓		PRAVASTATIN SODIUM		✓			TRAZODONE HCL		✓		
METADATE CD			✓		PREDNISONE		✓			TREXIMET				✓
METFORMIN HCL	✓				PREMARIN			✓		TRIAMCINOLONE		✓		
METFORMIN HCL ER	✓				PREMPRO			✓		TRIAMTERENE-HCTZ		✓		
METOPROLOL SUCCINATE	✓				PREVIDENT				✓	TRICOR				✓
METOPROLOL TARTRATE	✓				PRISTIQ				✓	TRILIPIX				✓
METROGEL				✓	PROAIR HFA			✓		TRUVADA			✓	
METRONIDAZOLE		✓			PROMETHAZINE HCL		✓			UROXATRAL				✓
MICARDIS				✓	PROMETRIUM			✓		VAGIFEM			✓	
MICARDIS HCT				✓	PROTOPIC			✓		VALACYCLOVIR		✓		
MORPHINE SULFATE		✓			PROVENTIL HFA				✓	VENTOLIN HFA				✓
MOVIPREP				✓	PROVIGIL				✓	VERAMYST				✓
NAPROXEN		✓			PULMICORT FLEXHALER				✓	VESICARE				✓
NASACORT AQ				✓	QVAR	✓				VICTOZA 3-PAK				✓
NASONEX			✓		RANITIDINE HCL		✓			VIGAMOX			✓	
NEXIUM				✓	RELPAK				✓	VIVELLE-DOT			✓	
NIASPAN			✓		RETIN-A MICRO				✓	VOLTAREN TOPICAL			✓	
NITROSTAT			✓		RHINOCORT AQUA				✓	VYTORIN				✓
NOVOLIN N			✓		RITALIN LA				✓	VYVANSE				✓
										WARFARIN SODIUM		✓		

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DRUG NAME	V	SG	P	B
XOPENEX HFA				✓
ZANAFLEX				✓
ZETIA				✓
ZOMIG				✓
ZOMIG ZMT				✓
ZOVIRAX				✓

DRUG NAME	V	SG	P	B
ZYLET			✓	
ZYPREXA			✓	

KEY
V – Value copay
SG – Generic copay
P – Preferred copay
B – Brand copay

COMMON QUESTIONS & ANSWERS

What makes the ODS Preferred Drug Program different?

The ODS Preferred Drug Program works differently than a typical drug formulary. Many 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. ODS offers more flexibility; members can choose high-cost drugs if they want to and still have a portion of the costs paid by ODS.

Does the tiered drug program limit which drugs my doctor can prescribe for me?

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

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

The ODS preferred drug list is not an all-inclusive list. To check your copayment on a drug not on this list, please use the online price check tool available through your MyODS account under the

Pharmacy tab. If you are taking a medication that is new to the market, please contact ODS Customer Service for coverage and its tiering.

How are diabetic supplies covered?

Please check your Member Handbook for specific coverage of diabetic supplies. Bayer and Lifescan diabetic supplies are the ODS preferred (tier 2) products. In addition, a free blood glucose meter is available for the preferred meters (Bayer or Lifescan). For more information about this program please call ODS Pharmacy Customer Service.

How can I find out how much my drug will cost?

ODS provides an online drug price check tool for members. You can access this resource by logging into your myODS account at www.odsalaska.com. The price check tool is located under the Pharmacy tab.

How do I use my mail-order benefits?

Members have the option of obtaining a 90-day supply per prescription through our mail-order pharmacy. Links to our mail order pharmacy and order forms are available on our website at www.odsalaska.com. Please refer to your Member Handbook for copayment information.

When is the preferred drug list updated and how are members notified?

Modifications to the list reflecting new drugs or changes in treatment patterns will be made throughout the year. Members are notified by letter if the change will have a negative impact (higher copayment, etc.). The current list is available on the ODS website at www.odsalaska.com.

When a generic becomes available for a brand name medication, the brand name drug will be moved to the brand tier (3). If you receive a brand name drug when a generic is available, you may pay the difference between the brand name and generic drug in addition to your copayment. Please refer to your Member Handbook available on your MyODS account for more information.