



ODS Rx^{2.0} — Frequently Asked Questions

1. How will medications be covered under ODS prescription benefits?

It is recommended that you view the ODS Rx^{2.0} Preferred Drug List drug price look-up tool, available on myODS. You can access your myODS account by visiting www.odscompanies.com/members. The Rx^{2.0} Preferred Drug List is a listing of commonly prescribed medications and the tiering of those medications under the ODS formulary.

2. Why are changes made regarding how medications are covered?

At ODS, we take pride in actively managing your pharmacy benefits to ensure the programs provide quality, comprehensive coverage and remain current with industry standards and the changes occurring in the marketplace.

ODS considers the following when making changes to the pharmacy benefits:

- How safe is the medication
- How effective is the medication
- How cost effective is the medication

Unlike plans that offer a closed formulary, which means only select drugs on a list will be covered, ODS offers an open formulary that provides members with choice. ODS has a clinical team who reviews our open formulary and makes recommendations for program changes throughout the year. This approach allows ODS to make changes when the FDA approves new medications, generic alternatives are available or changes occur to existing drug profiles (e.g. dosing, patient safety and/or approved uses).

3. When will the Rx^{2.0} PDL and authorization updates go into effect?

The changes outlined in group and agent letters will apply to all fully insured groups with a standard ODS pharmacy plan effective July 1, 2010. Self funded groups (ASO) will be offered these updates upon renewal.

4. How will members know if a medication requires authorization or if it has any limitations?

Members currently taking a medication that will begin requiring authorization effective July 1, 2010 will receive a notification letter. A listing of medications requiring authorization is available online through myODS (www.odscompanies.com/members). The member may also call ODS Pharmacy Customer Service for more information.

5. Why do some medications require authorization?

Authorizations for medications ensure our members are receiving safe and most effective drug utilization through a thorough review by our clinical team, using evidence based reviews of scientific studies, literature and best healthcare practices.





6. What should a member do if their medication requires prior authorization?

If a medication requires authorization, the member should call ODS Pharmacy Customer Service. ODS will work with their provider to obtain the necessary information to review the requested medication.

7. Are over-the-counter (OTC) products covered?

Medications federally designated as OTC are, in general, not covered under the prescription benefits (select diabetic supplies and insulin are covered).

Changes that occur are enforced in an effort to maintain a comprehensive benefit, provide members an open formulary and choice, while balancing the use of utilization management strategies to ensure the ongoing stability of the plan's pharmacy program.

8. What are value medications?

Value medications include select commonly prescribed products used to treat chronic medical conditions and preserve health. When a medication included in this list has a generic equivalent option the generic form of the medication qualifies for the value benefit, while the brand form is covered at the tier 3 benefit level.

9. What if my pharmacy plan does not have a value tier benefit?

Effective on a group's renewal, ODS will be offering the value tier benefit. If your plan does not currently have a value tier benefit, medications under this tier will be covered at the generic copay or coinsurance level for your plan. Plan benefits may vary by group. Please contact ODS Customer Service if you have questions regarding your pharmacy benefits.

10. What is the Generic Drug Voucher Program?

The voucher program is designed to promote the use of safe and effective medications that are not available as samples at a doctor's office. This program allows members to receive an initial 30-day supply of selected generic medications at a one-time \$0 copayment.

11. How does the voucher program work?

Members are encouraged to take a voucher to their doctor appointments to discuss if any of the voucher medications would be appropriate as either a new medication or an alternative to a medication they are currently taking. If the members' doctor agrees that one of the medications listed would be appropriate, the member should obtain a new prescription from their physician and present the voucher at the pharmacy. The voucher is available for printing at www.odscompanies.com through the member's secure myODS account.

