



### How To Use The Prescription Drug Card

To ensure the highest level of benefits please select an ODS participating network pharmacy. We can help you find an in-network pharmacy, please visit us online at [odscompanies.com](http://odscompanies.com) or call ODS Pharmacy Customer Service. Your ODS member identification card (ID) will provide participating pharmacies the information necessary to process your claim and allow you to access your Rx benefits at the point of service. Please remember to present your ODS ID card to ensure your pharmacy has the most current benefit detail loaded in their system.

Drug Type	Retail 31 day supply	Mail-Order 90 day supply	Specialty 31 day supply
Plan Year Copay/Co-insurance Max	\$1,000	\$1,000	\$1,000
Generic (Tier 1)	\$5 copay	\$10 copay	\$10 copay
Preferred Brand (Tier 2)*	20%	20%	20%
Non-Preferred Brand (Tier 3)*	50%	50%	50%

**Generic** medications have been determined by physicians and pharmacists to be therapeutically equivalent to their 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** means brand name drugs that have been reviewed by ODS and found to be clinically effective at a favorable cost- when compared to other medications in the same therapeutic class. **A preferred drug chart can be accessed online at [www.odscompanies.com](http://www.odscompanies.com), through your myODS account** This list is subject to change and will periodically be updated. If you should have any questions regarding the list, please do not hesitate to contact pharmacy customer service.

**Non Preferred Brand** means brand drugs that have been reviewed by ODS and in comparison do not have any significant therapeutic advantage over their preferred brand alternative(s). Drugs that are usually not recommended as first line therapy and have alternative treatment modalities are also considered non-preferred brand drugs.

\* **Generic Substitution:** Both generic and brand name medications are covered benefits. If you request a brand name drug or your physician prescribes a brand name drug when a generic equivalent is available, you will be responsible for the brand co-pay/co-insurance plus the difference in cost between the generic and the brand name drug.

### Covered Drug Supply

- Diabetes related supplies such as insulin syringes, needles, glucose tablets and blood glucose test strips.
- Prescription contraceptive drugs for birth control and medical treatment are covered under your prescription benefit.
- Select immunizations and related administration fees are covered at retail pharmacies (example- influenza, pneumonia and shingles vaccines). Covered immunizations will be limited to those that are considered the "standard of care" by the local medical community. Immunizations for the sole purpose of travel or to prevent illness which may be caused by your work environment are not covered.

### Retail Prescription Benefit

- A 31-day supply of a drug or medicine that is medically necessary for the treatment of an illness or injury, that cannot legally be dispensed without a prescription, and that by law it must bear the legend "Caution - - federal law prohibits dispensing without prescription."

At times, you may be required to submit a claim form and applicable receipts for reimbursement. For example, if you fill your prescription at a non-participating pharmacy that does not access ODS' claims payment system through MedImpact, you will need to submit a receipt. **The claim procedure is simple.**

**1. Complete the prescription drug claim form.** Forms can be found online at [www.odscompanies.com](http://www.odscompanies.com), through your myODS account or by linking directly to the forms page at <http://www.odscompanies.com/members/forms.shtml>.

**2. Submit claim forms to:**

The ODS Companies  
Attn: Pharmacy  
P.O. Box 40168  
Portland, OR 97240-0168

**3. ODS will process the claim request and send reimbursement to you in the form of a check.**

### Mail Order Pharmacy Benefit

- You also have the option of obtaining prescriptions for covered drugs and medicines through the Mail Order Pharmacy.
- A 90-day supply is available at mail-order. Both generic and brand name medications are covered benefits. Mail-order forms can be found online at [www.odscompanies.com](http://www.odscompanies.com), through your myODS online account.

### Specialty Pharmacy Benefit

- A 31-day supply is available through the exclusive specialty pharmacy. Both generic and brand name medications are covered benefits.
- Specialty medications must be accessed through BioScrip Specialty Pharmacy. For a list of eligible medications, please contact ODS customer service. Because specialty treatments require special handling techniques, careful administration and a unique ordering process, your program has partnered with BioScrip to enhance the services you receive. BioScrip provides individualized programs and patient care surrounding chronic illnesses. In addition, BioScrip's pharmacists provide comprehensive support, education and monitoring to help you get the most from your treatment.
- For more information or to enroll, you can contact BioScrip directly at 1-877-316-8921.

*This is a benefit summary only. For a complete description please refer to your member handbook.*

## Prior Authorization

Certain prescription drugs and/or quantities of prescription drugs may require a prior authorization by ODS. Prior authorization programs are not intended to create barriers or limit access to medications. The practice of administering prior authorization provisions is intended to support cost effectiveness, promote proper use of medications and to ensure the safety of our members. Prior authorizations may be placed on medications for a variety of reasons- examples are listed below.

- **Utilization Control Edits-** medications may have limited use, be prone to overuse or prescribed in quantities outside the recommended FDA indications.
- **Cost Effectiveness-** There may be therapeutically equivalent medications that are less expensive.
- **Prescribing Guidelines-** Medications may require diagnostic testing to ensure safety and efficacy of the treatment.
- **Benefit Coverage-** Medication may be prescribed for conditions that are excluded under the plan.

A list of medications that require a prior authorization can be found online at [www.odscanpanies.com](http://www.odscanpanies.com), through your myODS account or by contacting ODS Pharmacy Customer Service.

## Limitations

This program imposes administrative plan edits and provisions that may limit access to medications based on patient demographics, high dollar thresholds, quantity limits and in accordance with the parameters of the prescription as written by your provider.

- Retail prescriptions with net cost over \$1,000- will require authorization from ODS.
- Mail-order and specialty prescriptions with a net cost over \$3,000 will require authorization from ODS.
- Compounded medications (containing at least one covered drug as an ingredient) are covered. Medications over \$150 for a 30 day supply will require authorization by ODS.
- New FDA approved drugs are subject to review and may require additional coverage parameters, requirements, or limits established by the plan.
- Immunization agents (other than allergy sera). Please refer to your member handbook for a list of immunizations covered under your pharmacy benefit.

## Exclusions

The following services, procedures and conditions are not covered by the Plan, even if otherwise medically necessary or if recommended, referred, or provided by a physician, provider or pharmacy. **Please Note:** The fact that a physician may prescribe, order, recommend, or approve a drug does not, of itself, make the charge a covered expense. See your member handbook for a complete list of covered/ excluded benefits.

- Devices including, but not limited to: therapeutic devices and appliances; hypodermic needles and syringes (the plan does not exclude hypodermic needles and syringes for use with insulin or specialty medications). For contraceptive devices, see Covered Drug Supply.
- Hair growth legend drugs.
- Prescriptions, refills or quantities that have been dispensed in error by the pharmacy and are not representative of the prescription as written by the provider or the benefit provisions as set forth by the plan.
- Drugs or medicine that are to be taken by or administered to a member in whole or in part while the member is a patient in a hospital, a sanitarium, a rest home, a skilled nursing facility, an extended care facility, a nursing home, or a similar institution are not covered.
- A drug or medicine to treat an addiction or dependence of a drug or chemical.
- Drugs or services to treat sexual dysfunction.
- Weight loss drugs
- Drugs or medicine to treat addiction to or dependence on tobacco or tobacco products (e.g., Nicorette) are not covered under the Plan. However, members who are participating in an ODS associated smoking cessation program are covered for certain prescription drugs prescribed for the treatment of tobacco use disorder.
- Blood and blood products.
- Drugs or services prescribed to treat infertility.
- Medications used for a cosmetic indication.
- Drugs prescribed to treat a medical condition that is not covered under your Medical Plan.
- A drug prescribed for purposes other than treating a health condition or disease that is covered by the Plan.
- A drug prescribed to treat a medical condition that is not determined as medically necessary.
- Medications available without a prescription, which are classified as over the counter (OTC).
- Any charge in excess of the maximum plan allowance for a drug is not covered.
- Drugs prescribed for or used for non-FDA approved indications, unless approved by the Health Resources Commission.
- Any drug that is determined by ODS to be experimental or investigational or that is labeled: "Caution -- Limited by federal law to investigational use"; or Any drug or medicine that is used for an experimental or investigational purpose, even if it is otherwise approved by the federal government or recognized as neither experimental or investigative for other uses or health conditions (e.g., progesterone suppositories).
- A charge for administration or injection of a drug or medicine is not covered, except when administered for selected medications at retail pharmacies.
- Drugs or medicines that are dispensed more than one year after the order of a physician are not covered.

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