

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 Preferred Drug Program is designed to offer low-cost choices that will save members money on prescription drugs. ODS 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 Preferred Quick Reference Drug Chart is not an all-inclusive list. Generic drugs that do not appear on the list will be charged at the generic co-pay 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 (i.e. Copaxone for multiple sclerosis). Newly FDA-approved medications not on this list will be considered as non-preferred until reviewed by the ODS Pharmacy and Therapeutics Committee.

Q. How will diabetic drugs and supplies be covered?

A. 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 recognizes that there are diseases and 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 or on our website at www.odscompanies.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 periodically throughout the year. The list is available on the ODS website at www.odscompanies.com or through the ODS Customer Service department.

More information about the Preferred Drug Chart is available on the ODS website at www.odscompanies.com or by calling Pharmacy Customer Service at **503-243-3960** or **1-888-361-1610**.

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



2007 Preferred Drug Chart

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

Effective: January 1, 2007. For prior effective dates, please contact ODS Customer Service.

What is the ODS Preferred Drug Program?

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

What makes the ODS Preferred Drug Program different?

The ODS 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 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.

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, high-cost drugs — 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.odscompanies.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 and found to be clinically effective at favorable costs. These drugs carry preferred brand co-payment.	Non-preferred brand drugs have been reviewed by ODS and have been found not to have a significant advantage over preferred brands, but usually cost more. Drugs that have alternative treatment modalities are also considered high-cost brand drugs.

* Quantity limits based on FDA dosing guidelines.

▼ Prior authorization required.

§ Prescription required in Oregon.

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.

For a complete list of drugs that require prior authorization, go to www.odscompanies.com/members/pharmacy.

Allergy: Oral & Nasal Inhaler			
	G	P	NP
Alavert/Claritin	OTC		
Allegra-D			✓
chlorpheniramine	OTC		
Claritin-D/loratadine-D ⁵	OTC		
Clarínex			✓
Clarínex-D			✓
cyproheptadine	✓		
dexchlorpheniramine	✓		
diphenhydramine	OTC		
fenofenadine	✓		
hydroxyzine	✓		
loratadine		Excluded	
Zyrtec			✓
Zyrtec-D			✓
Astelin nasal		✓	
flunisolide nasal	✓		
fluticasone nasal	✓		
Nasacort AQ nasal		✓	
Nasonex nasal			✓
Rhinocort AQ nasal		✓	

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

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

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

Asthma/COPD: Inhalers, Oral & Injectable			
	G	P	NP
Advair Diskus		✓	
Aerobid			✓
Aerobid M			✓
albuterol	✓		
Asmanex			✓
Atrovent HFA		✓	
Azmacort		✓	
Combivent		✓	
Flovent HFA		✓	
Foradil		✓	
Maxair Autohaler		✓	
Pulmicort		✓	
QVAR		✓	
Serevent Diskus		✓	
Spiriva		✓	
Accolate oral		✓	
Singulair oral			✓
theophylline oral	✓		
Zyflo oral			✓
Xolair injectable [▼]		✓	

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

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 ▼ 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 Pharmacy and Therapeutics Committee.

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

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

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

Oral Contraceptives			
	G	P	NP
Generic oral contraceptive	✓		
Brand oral contraceptive		✓	

Cardiovascular: Beta Blockers			
	G	P	NP
acebutolol	✓		
atenolol	✓		
betaxolol	✓		
bisoprolol	✓		
Cartrol			✓
Coreg		✓	
labetalol	✓		
metoprolol	✓		
nadolol	✓		
pindolol	✓		
propranolol	✓		
sotalol	✓		
timolol	✓		
Toprol XL		✓	

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

NSAIDs: Pain/Inflammation			
	G	P	NP
Arthrotec			✓
Celebrex [▼]		✓	
choline mg trisalicylate	✓		
diclofenac	✓		
diflunisal	✓		
etodolac	✓		
fenoprofen	✓		
flurbiprofen	✓		
ibuprofen	✓		
indomethacin	✓		
ketoprofen	✓		
ketorolac*	✓		
meclofenamate	✓		
meloxicam	✓		
nabumetone	✓		
Naprelan			✓
naproxen	✓		
oxaprozin	✓		
piroxicam	✓		
salsalate	✓		
sulindac	✓		

Cardiovascular — ACE I/ACE II Antagonists/Combinations			
	G	P	NP
Aceon		✓	
Altace		✓	
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	✓		
Lotrel		✓	
Mavik		✓	
Micardis			✓
Micardis HCT			✓
quinapril	✓		
quinapril/HCTZ	✓		
Teveten			✓
Teveten HCT			✓
Uniretic			✓
Univasc		✓	

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

Stimulants			
	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			✓

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/sulfizoxazole	✓		
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 Spray			✓
Forteo injectable [▼]		✓	