



# OEBB 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 medications that are 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, generic (tier 1), preferred (tier 2) or non-preferred (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 physicians and pharmacists called the Pharmacy and Therapeutics Committee. The committee makes decisions based on information about the medication’s safety, effectiveness and associated clinical outcomes.

VALUE DRUG TIER	GENERIC DRUG	PREFERRED DRUG	NON-PREFERRED DRUG
Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health.	<p>Select generic drugs have been determined by doctors and pharmacists to be therapeutically equivalent to the brand name version.</p> <p>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>Preferred drugs have been reviewed by ODS and found to be clinically effective.</p> <p>There are two types of drugs listed in this tier. 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.</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>	Non-preferred drugs have been reviewed by ODS and found to have no significant treatment or cost advantage over preferred tier drugs.

Additional information about the Preferred Drug Program can be found on the ODS website at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb) or by calling Pharmacy Customer Service at **503-265-2911** or **866-923-0411**.

*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.odskompanies.com/oebb](http://www.odskompanies.com/oebb) or by calling ODS Customer Service at 503-265-2911 or 866-923-0411.

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

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

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DRUG NAME	V	G	P	N
VYTORIN				✓
VYVANSE				✓
WARFARIN SODIUM		✓		
XOPENEX HFA				✓
ZANAFLEX				✓
ZETIA				✓

DRUG NAME	V	G	P	N
ZOMIG				✓
ZOMIG ZMT				✓
ZOVIRAX				✓
ZYLET			✓	
ZYPREXA			✓	

KEY
V – Value copay
SG – Generic copay
P – Preferred copay
N – Non-preferred 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. Generic drugs that do not appear on the list will be paid at the generic (tier 1) copay. Brand drugs that do not appear on this list that do not have less expensive brand or generic alternatives will be paid at the preferred (tier 2) copay.

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?

Bayer and Lifescan diabetic supplies are the preferred (tier 2) products under your prescription benefit. 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 Customer Service.

### How can I find out about the cost of drugs?

ODS provides an online drug price check tool for members. You can access this resource by logging into your myODS account at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb). The price check tool is located under the Pharmacy tab.

### My doctor prescribed a brand drug for me that has no generic substitute available. I would prefer to pay a generic copay.

There are many new generic drugs on the market that are similar to brand name drugs. This preferred drug list includes the names of many generic drugs. Ask your doctor if there are opportunities for you to use generic drugs in your treatment.

### My doctor prescribed a brand drug for me that has a generic substitute available. Can I get the brand drug for a generic copay?

If you request a brand name drug or your doctor prescribes a brand name drug when a generic equivalent is available, you will be responsible for the brand copayment plus the difference in cost between the generic and the brand name drug.

### 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. Special mail-order pharmacy forms are available on our website at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb). 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. The list is available on the ODS website at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb).