



ODS Rx^{1.0} 2010 PREFERRED DRUG LIST

Preferred Drug Program: A three-tier 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 three-tiered copayment system. Members and their doctors can choose between generic and value brand (tier 1), preferred brand (tier 2) or non-preferred brand (tier 3) medications. Each tier has a different copayment 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.

GENERIC & VALUE BRAND DRUG	PREFERRED BRAND DRUG	NON-PREFERRED BRAND DRUG
Tier 1	Tier 2	Tier 3
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. Select brand insulins are also covered under Tier 1.	Preferred brand drugs have been reviewed by ODS and found to be clinically effective. 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.	Non-preferred brand drugs have been reviewed by ODS and found to have no significant treatment or cost advantage over preferred brands. The copayment for drugs in this tier will be at the non-preferred tier amount. Refer to your member handbook for specific copayment amounts.

How to read your preferred drug list

Refer to your member handbook to find specific copayment amounts and covered medications.

Medications that are new to the market are not on this list and will be considered non-preferred until reviewed by the Pharmacy and Therapeutics Committee.

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 or by calling Pharmacy Customer Service at 503-243-3960 or 888-361-1610.

KEY

G – Generic/ value brand copay (tier 1)

P – Preferred copay (tier 2)

NP – Non-preferred copay (tier 3)

* Coverage may be limited to specific quantities based on FDA guidance.

† Clinical review required.

DRUG BRAND NAME	G	P	NP
ACCOLATE			✓
ACEON		✓	
ACIPHEX*			✓
ACTONEL*			✓
ACTONEL WITH CALCIUM*			✓
ACTOS*			✓
ADDERALL XR			✓
ADOXA			✓
ADVAIR DISKUS*		✓	
ADVICOR		✓	
AEROBID			✓
ALENDRONATE	✓		
ALLEGRA-D*			✓
ALOXI [†]			✓
AMBIEN CR			✓
AMERGE*			✓
AMITRIPTYLINE	✓		
AMLODIPINE	✓		
AMPHETAMINE COMBO	✓		
AMRIX			✓
ANZEMET [†]			✓
APIDRA		✓	
ARTHROTEC			✓
ASMANEX			✓
ASTELIN NASAL		✓	
ASTEPRO			✓
ATACAND			✓
ATACAND HCT			✓
ATENOLOL	✓		
ATRALIN [†]			✓
AUGMENTIN XR			✓

DRUG BRAND NAME	G	P	NP
AVALIDE			✓
AVANDAMET*			✓
AVANDARYL*			✓
AVANDIA*			✓
AVAPRO			✓
AVELOX			✓
AXERT*			✓
AZMACORT		✓	
AZOR			✓
BACLOFEN	✓		
BECONASE AQ NASAL*			✓
BENZAEPRILOL HCL	✓		
BENICAR		✓	
BENICAR HCT		✓	
BONIVA*			✓
BROVANA		✓	
BUPROPION	✓		
BUPROPION SR	✓		
BUPROPION XL	✓		
BYETTA [†]			✓
BYSTOLIC			✓
CARDENE SR			✓
CARDIZEM CD			✓
CARISOPRODOL	✓		
CARVEDILOL	✓		
CELEBREX [†]		✓	
CITALOPRAM	✓		
CLARINEX*			✓
CLARINEX-D*			✓
CONCERTA*			✓
COZAAR		✓	
CRESTOR*		✓	

DRUG BRAND NAME	G	P	NP
CYCLOBENZAPRINE	✓		
CYMBALTA		✓	
DAYTRANA			✓
DESIPRAMINE	✓		
DEXTROAMPHETAMINE	✓		
DICLOFENAC	✓		
DILTIAZEM ER	✓		
DIOVAN			✓
DIOVAN HCT			✓
DORYX			✓
DOXEPIN	✓		
DYNACIRC CR			✓
EFFEXOR XR		✓	
ENALAPRIL	✓		
ENBREL [†]		✓	
ETODOLAC	✓		
EVISTA		✓	
EXFORGE			✓
EXFORGE HCT			✓
FAMOTIDINE	✓		
FELODIPINE ER	✓		
FENOFIBRATE	✓		
FEXOFENADINE	✓		
FLOVENT HFA		✓	
FLUNISOLIDE NASAL	✓		
FLUOXETINE	✓		
FLURBIPROFEN	✓		
FLUTICASONE NASAL	✓		
FOCALIN			✓
FOCALIN XR			✓
FORTICAL		✓	
FOSAMAX PLUS D*			✓

DRUG BRAND NAME	G	P	NP
FOSINOPRIL	✓		
FROVA*			✓
GEMFIBROZIL	✓		
GLIMEPIRIDE	✓		
GLIPIZIDE	✓		
GLYBURIDE	✓		
GLYSET*			✓
HELIDAC			✓
HUMALOG		✓	
HUMIRA [†]		✓	
HUMULIN 70/30	✓		
HUMULIN N	✓		
HUMULIN R	✓		
HYDROXYZINE	✓		
HYZAAR		✓	
IMITREX*			✓
INDOMETHACIN	✓		
IPRATROPIUM	✓		
IPRATROPIUM-ALBUTEROL	✓		
ISOPTIN			✓
JANUMET*		✓	
JANUVIA*		✓	
KAPIDEX*			✓
KETOPROFEN	✓		
LABETALOL	✓		
LANTUS		✓	
LESCOL			✓
LESCOL XL			✓
LEVAQUIN			✓
LEVEMIR		✓	
LEXAPRO		✓	
LIPITOR		✓	
LISINOPRIL	✓		
LOVASTATIN	✓		
LUNESTA*			✓
MAXAIR AUTOHALER*		✓	
MAXALT*			✓
MELOXICAM*	✓		
METADATE CD		✓	
METFORMIN	✓		
METHOCARBAMOL	✓		
METHYLIN	✓		
METHYLPHENIDATE ER	✓		

DRUG BRAND NAME	G	P	NP
METHYLPHENIDATE SR	✓		
METOCLOPRAMIDE	✓		
METOPROLOL	✓		
MIACALCIN		✓	
MICARDIS			✓
MICARDIS HCT			✓
MIRTAZAPINE	✓		
MISOPROSTOL	✓		
MOEXIPRIL	✓		
MULTAQ		✓	
NABUMETONE	✓		
NADOLOL	✓		
NAPRELAN [†]			✓
NASACORT AQ NASAL*			✓
NASONEX NASAL*			✓
NEXIUM*			✓
NIASPAN		✓	
NIFEDIPINE ER	✓		
NISOLDIPINE	✓		
NOROXIN			✓
NORTRIPTYLINE	✓		
NOVOLIN 70/30	✓		
NOVOLIN N	✓		
NOVOLIN R	✓		
NOVOLOG		✓	
NUCYNTA			✓
NUVIGIL*			✓
OMEPRAZOLE*	✓		
OMNARIS NASAL			✓
ONDANSETRON [†]			
ORACEA			✓
OXAPROZIN	✓		
PANTOPRAZOLE*	✓		
PAROXETINE	✓		
PEXEVA			✓
PIROXICAM	✓		
PONSTEL			✓
PRANDIN			✓
PRAVASTATIN	✓		
PREVACID NAPRAPAC*			✓
PREVACID*			✓
PREVPAC*			✓
PRISTIQ			✓
PROAIR HFA		✓	

DRUG BRAND NAME	G	P	NP
PROMETHAZINE	✓		
PROPRANOLOL	✓		
PROVENTIL HFA			✓
PROVIGIL*			✓
PROZAC WEEKLY			✓
PULMICORT*		✓	
PYLERA			✓
QUINAPRIL	✓		
QVAR		✓	
RAMIPRIL	✓		
RANITIDINE	✓		
RELPAZ*			✓
RETIN-A MICRO [†]			✓
REVATIO [†]		✓	
RHINOCORT AQ*			✓
RITALIN LA			✓
ROZEREM*			✓
SAVELLA		✓	
SEREVENT DISKUS*		✓	
SERTRALINE	✓		
SIMCOR			✓
SIMVASTATIN	✓		
SINGULAIR		✓	
SKELAXIN			✓
SOLODYN			✓
SPIRIVA*		✓	
STRATTERA			✓
SUCRALFATE	✓		
SULINDAC	✓		
SYMBICORT		✓	
SYMLIN [†]			✓
TEKTURNA			✓
TEKTURNA HCT			✓
TEMAZEPAM [†]	✓		
TEVETEN			✓
TEVETEN HCT			✓
TIZANIDINE	✓		
TRAMADOL	✓		
TRANDOLAPRIL	✓		
TRANSDERM-SCOP		✓	
TRETINOIN [†]	✓		
TRETIN-X			✓
TREXIMET*			✓
ULTRAM ER			✓

DRUG BRAND NAME	G	P	NP
VALTURNA			✓
VENLAFAXINE	✓		
VENTOLIN HFA		✓	
VERAMYST NASAL			✓
VFEND [†]			✓
VUSION			✓
VYTORIN			✓

DRUG BRAND NAME	G	P	NP
VYVANSE			✓
WELCHOL			✓
XOPENEX HFA*			✓
XYZAL			✓
ZALEPLON*	✓		
ZANAFLEX			✓
ZEGERID*			✓

DRUG BRAND NAME	G	P	NP
ZETIA			✓
ZOLPIDEM*	✓		
ZOMIG*		✓	
ZYFLO			✓
ZYVOX			✓

ODS Preferred Drug Program: A program for three-tier groups

Common questions and answers

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 want to and still have a portion of the costs paid by ODS.

Does the three-tier drug program limit which drugs my physician can prescribe for me?

This list is not meant to replace a physician'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 medication 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 medications that do not appear on the list will be paid at the generic (tier 1) copayment. Brand medications 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) copayment. Medications that are new to the

market are not on this list and will be considered non-preferred until reviewed by the Pharmacy and Therapeutics Committee.

How will diabetic supplies be covered?

Bayer and Lifescan diabetic supplies are the preferred 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 medications?

ODS provides an online formulary look-up and price quote tool for members. You can access this resource by logging into your myODS account at www.odscompanies.com. The price check tool is located under the Pharmacy tab.

My physician prescribed a brand medication for me that has no generic substitute available. I would prefer to pay a generic copayment. What can I do?

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

My physician prescribed a brand medication for me that has generic substitutes available. Can I get the brand drug for a generic copayment?

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 copayment plus the difference in cost between the generic and the brand name drug. Please consult your member handbook for specific coverage information.

How do I use my mail order benefit?

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 copayment information.

When is the three-tier 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. When a generic becomes available for a brand name medication, the brand name drug will be moved to the Brand Tier (3). The list is available on the ODS website at www.odscompanies.com.

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