



# ODS 2011 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 drugs 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 brand (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 doctors and pharmacists called the Pharmacy and Therapeutics Committee. The committee makes decisions based on information about the drug's safety, effectiveness and associated clinical outcomes.

| VALUE DRUG TIER  | TIER 1 GENERIC DRUG   | TIER 2 PREFERRED DRUG  | TIER 3 BRAND DRUG   |
|--|---|--|---|
| <p>Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health.</p> <p>Plans that do not include a Value tier benefit will have drugs categorized under this tier paid at the tier 1 copay/coinsurance level.</p> | <p>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>Select brand insulin is also covered under Tier 1.</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>Tier 3 brand drugs have been reviewed by ODS and found to have no significant treatment or cost advantage over preferred tier 2 drugs.</p> <p>The copay/coinsurance for drugs in this tier will be at the tier 3 copayment amount.</p> |

Additional information about the Preferred Drug Program can be found on the ODS website at [www.odscompanies.com](http://www.odscompanies.com) or by calling ODS Pharmacy Customer Service at 888-361-1610.

*Effective: January. 1, 2011. For prior effective dates, please contact ODS Customer 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.odscompanies.com](http://www.odscompanies.com) or by calling ODS Customer Service at **888-361-1610**.

## KEY

**V** – Value copay

**G** – Generic copay (tier 1)

**P** – Preferred copay (tier 2)

**B** – Brand copay (tier 3)

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

† Clinical review required.

♦ Specialty drug (specialty copay may apply)

▫ Step therapy requirements.

| DRUG NAME             | V | G | P | B |
|-----------------------|---|---|---|---|
| 10 WASH               |   |   | ✓ |   |
| AABP                  |   |   | ✓ |   |
| ACEON                 |   |   |   | ✓ |
| ACETASOL HC           |   |   | ✓ |   |
| ACETIC ACID HC        |   | ✓ |   |   |
| ACIPHEX*▫             |   |   |   | ✓ |
| ACTONEL*              |   |   |   | ✓ |
| ACTOS▫                |   |   |   | ✓ |
| ADAPALENE             |   | ✓ |   |   |
| ADVAIR DISKUS         |   |   | ✓ |   |
| ADVICOR               |   |   |   | ✓ |
| AEROBID               |   |   |   | ✓ |
| ALBUTEROL             |   | ✓ |   |   |
| ALENDRONATE           |   | ✓ |   |   |
| ALLEGRA-D             |   |   |   | ✓ |
| ALOXI†                |   |   | ✓ |   |
| AMBIEN                |   |   |   | ✓ |
| AMERGE*               |   |   |   | ✓ |
| AMINOCAPROIC ACID     |   | ✓ |   |   |
| AMITRIPTYLINE         |   | ✓ |   |   |
| AMLODIPINE            |   | ✓ |   |   |
| AMLODIPINE-BENAZEPRIL |   | ✓ |   |   |
| AMNESTEEM             |   | ✓ |   |   |
| AMPHETAMINE COMBO     |   | ✓ |   |   |
| AMRIX                 |   |   |   | ✓ |
| ANDRODERM†            |   |   |   | ✓ |
| ANDROGEL†             |   |   |   | ✓ |
| ANDROXY               |   | ✓ |   |   |
| ANZEMET†              |   |   |   | ✓ |
| APEXICON E            |   |   |   | ✓ |
| APIDRA                |   |   |   | ✓ |
| APLENZIN              |   |   |   | ✓ |
| ARTHROTEC             |   |   |   | ✓ |

| DRUG NAME         | V | G | P | B |
|-------------------|---|---|---|---|
| ASACOL HD▫        |   |   |   | ✓ |
| ASMANEX           |   |   |   | ✓ |
| ASTELIN NASAL     |   |   |   | ✓ |
| ASTEPRO           |   |   |   | ✓ |
| ATACAND▫          |   |   |   | ✓ |
| ATENOLOL          | ✓ |   |   |   |
| ATRALIN†          |   |   |   | ✓ |
| AUGMENTIN XR      |   |   |   | ✓ |
| AVALIDE▫          |   |   |   | ✓ |
| AVANDAMET▫        |   |   |   | ✓ |
| AVANDARYL▫        |   |   |   | ✓ |
| AVANDIA▫          |   |   |   | ✓ |
| AVAPRO▫           |   |   |   | ✓ |
| AVELOX            |   |   |   | ✓ |
| AXERT*            |   |   |   | ✓ |
| AZILECT           |   |   |   | ✓ |
| AZMACORT          |   |   | ✓ |   |
| AZOR              |   |   |   | ✓ |
| BACLOFEN          |   | ✓ |   |   |
| BACTROBAN         |   |   |   | ✓ |
| BECONASE AQ NASAL |   |   |   | ✓ |
| BENAZEPRIL HCL    |   | ✓ |   |   |
| BENICAR▫          |   |   | ✓ |   |
| BENZACLIN         |   |   | ✓ |   |
| BENZAMYCIN PAK    |   |   |   | ✓ |
| BETOPTIC S        |   |   |   | ✓ |
| BONIVA            |   |   |   | ✓ |
| BP 10-1           |   | ✓ |   |   |
| BROVANA           |   |   |   | ✓ |
| BUDEPRION XL      |   |   | ✓ |   |
| BUPROPION XL      |   |   | ✓ |   |
| BYETTA*▫          |   |   |   | ✓ |
| BYSTOLIC*▫        |   |   |   | ✓ |

| DRUG NAME                      | V | G | P | B |
|--------------------------------|---|---|---|---|
| CALCITONIN-SALMON              |   | ✓ |   |   |
| CALCIUM ACETATE                |   | ✓ |   |   |
| CARDENE SR                     |   |   |   | ✓ |
| CARDIZEM CD                    |   |   |   | ✓ |
| CARISOPRODOL                   |   | ✓ |   |   |
| CARVEDILOL                     | ✓ |   |   |   |
| CELEBREX*▫                     |   |   |   | ✓ |
| CICLOPIROX                     |   | ✓ |   |   |
| CITALOPRAM                     |   | ✓ |   |   |
| CLARAVIS                       |   | ✓ |   |   |
| CLARINEX▫                      |   |   |   | ✓ |
| CLENIA                         |   | ✓ |   |   |
| CLEOCIN T                      |   |   |   | ✓ |
| CLINDAMYCIN-BENZOYL PEROXIDE   |   | ✓ |   |   |
| CLOBEX                         |   |   |   | ✓ |
| CLOBETASOL FOAM                |   |   | ✓ |   |
| CLONIDINE                      |   | ✓ |   |   |
| CONCERTA                       |   |   | ✓ |   |
| CORDRAN                        |   |   |   | ✓ |
| COZAAR▫                        |   |   |   | ✓ |
| CRESTOR*                       |   |   | ✓ |   |
| CUTIVATE                       |   |   |   | ✓ |
| CYCLOBENZAPRINE                |   | ✓ |   |   |
| CYMBALTA▫                      |   |   |   | ✓ |
| DAYTRANA                       |   |   |   | ✓ |
| DESIPRAMINE                    |   | ✓ |   |   |
| DESMOPRESSIN ACETATE           |   | ✓ |   |   |
| DESOXIMETASONE                 |   | ✓ |   |   |
| DEXTROAMPHETAMINE*             |   | ✓ |   |   |
| DEXTROAMPHETAMINE-AMPHETAMINE* |   | ✓ |   |   |
| DIFLORASONE                    |   | ✓ |   |   |
| DIACETATE                      |   | ✓ |   |   |
| DILTIAZEM ER                   |   | ✓ |   |   |

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| DRUG NAME                     | V | G | P | B |
|-------------------------------|---|---|---|---|
| DIOVAN <sup>□</sup>           |   |   |   | ✓ |
| DORYX <sup>□</sup>            |   |   |   | ✓ |
| DOXEPIN                       |   | ✓ |   |   |
| DRONABINOL                    |   | ✓ |   |   |
| EMBEDA                        |   |   |   | ✓ |
| ENALAPRIL                     | ✓ |   |   |   |
| ENBREL <sup>†</sup>           |   |   | ✓ |   |
| ERYTHROMYCIN-BENZOYL PEROXIDE |   |   | ✓ |   |
| ESTRACE CREAM <sup>□</sup>    |   |   |   | ✓ |
| ESTRING                       |   |   | ✓ |   |
| ETODOLAC                      |   | ✓ |   |   |
| EVISTA                        |   |   | ✓ |   |
| EVOCLIN                       |   |   |   | ✓ |
| FAMCICLOVIR                   |   | ✓ |   |   |
| FAMOTIDINE                    |   | ✓ |   |   |
| FEMRING                       |   |   | ✓ |   |
| FENTANYL <sup>†</sup>         |   | ✓ |   |   |
| FEXOFENADINE                  |   | ✓ |   |   |
| FEXOFENADINE PSE ER           |   |   | ✓ |   |
| FLOVENT HFA                   |   |   | ✓ |   |
| FLUOXETINE                    |   | ✓ |   |   |
| FLUTICASONE NASAL             |   | ✓ |   |   |
| FOCALIN*                      |   |   | ✓ |   |
| FOSAMAX PLUS D                |   |   |   | ✓ |
| FROVA*                        |   |   |   | ✓ |
| GEMFIBROZIL                   |   | ✓ |   |   |
| GLIMEPIRIDE                   | ✓ |   |   |   |
| GLIPIZIDE                     | ✓ |   |   |   |
| GLYBURIDE                     | ✓ |   |   |   |
| GLYSET                        |   |   |   | ✓ |
| GOLYTELY                      |   |   |   | ✓ |
| HUMALOG                       |   |   | ✓ |   |
| HUMIRA <sup>†</sup>           |   |   | ✓ |   |
| HUMULIN 70/30*                | ✓ |   |   |   |
| HUMULIN N*                    | ✓ |   |   |   |
| HUMULIN R*                    | ✓ |   |   |   |
| HYDROXYZINE                   |   | ✓ |   |   |
| HYZAAR <sup>□</sup>           |   |   |   | ✓ |
| IMITREX*                      |   |   |   | ✓ |
| INDOMETHACIN                  |   | ✓ |   |   |
| IPRATROPIUM                   |   | ✓ |   |   |

| DRUG NAME                     | V | G | P | B |
|-------------------------------|---|---|---|---|
| ITRACONAZOLE                  |   | ✓ |   |   |
| JANUMET <sup>□</sup>          |   |   | ✓ |   |
| JANUVIA <sup>□</sup>          |   |   |   | ✓ |
| KAPIDEX                       |   |   |   | ✓ |
| KETOPROFEN                    |   | ✓ |   |   |
| LANTUS*                       |   |   | ✓ |   |
| LEVAQUIN                      |   |   |   | ✓ |
| LEXAPRO <sup>□</sup>          |   |   |   | ✓ |
| LIPITOR*                      |   |   | ✓ |   |
| LISINOPRIL                    | ✓ |   |   |   |
| LOCOID <sup>□</sup>           |   |   |   | ✓ |
| LOCOID LIPOCREAM <sup>□</sup> |   |   |   | ✓ |
| LOSARTAN / HCT                |   | ✓ |   |   |
| LOVASTATIN                    | ✓ |   |   |   |
| LUMIGAN                       |   |   |   | ✓ |
| LUNESTA <sup>□</sup>          |   |   |   | ✓ |
| MAXALT*                       |   |   |   | ✓ |
| METFORMIN                     | ✓ |   |   |   |
| METHOCARBAMOL                 |   | ✓ |   |   |
| METHYLIN                      |   | ✓ |   |   |
| METHYLPHENIDATE ER            |   | ✓ |   |   |
| METOCLOPRAMIDE                |   | ✓ |   |   |
| METOPROLOL                    | ✓ |   |   |   |
| MIACALCIN                     |   |   |   | ✓ |
| MICARDIS <sup>□</sup>         |   |   |   | ✓ |
| MIRTAZAPINE                   |   | ✓ |   |   |
| NABUMETONE                    |   | ✓ |   |   |
| NASACORT AQ NASAL             |   |   |   | ✓ |
| NASONEX NASAL                 |   |   | ✓ |   |
| NEVANAC                       |   |   |   | ✓ |
| NEXIUM* <sup>□</sup>          |   |   |   | ✓ |
| NIASPAN                       |   |   | ✓ |   |
| NIFEDIPINE ER                 |   | ✓ |   |   |
| NORTRIPTYLINE                 |   | ✓ |   |   |
| NOVOLIN 70/30*                | ✓ |   |   |   |
| NOVOLIN N*                    | ✓ |   |   |   |
| NOVOLIN R*                    | ✓ |   |   |   |
| NOVOLOG*                      |   |   | ✓ |   |
| NUCYNTA                       |   |   |   | ✓ |
| NUVIGIL*                      |   |   |   | ✓ |
| OCTREOTIDE ACETATE            |   | ✓ |   |   |

| DRUG NAME                    | V | G | P | B |
|------------------------------|---|---|---|---|
| OLUX                         |   |   |   | ✓ |
| OMEPRAZOLE*                  |   | ✓ |   |   |
| ONDANSETRON                  |   | ✓ |   |   |
| OPIUM TINCTURE               |   | ✓ |   |   |
| ORACEA <sup>□</sup>          |   |   |   | ✓ |
| ORPHENADRINE                 |   | ✓ |   |   |
| OTIC EDGE                    |   | ✓ |   |   |
| PANTOPRAZOLE                 |   | ✓ |   |   |
| PAROXETINE                   |   | ✓ |   |   |
| PATANOL                      |   |   |   | ✓ |
| PENTAZOCINE-NALOXONE HCL     |   | ✓ |   |   |
| PIROXICAM                    |   | ✓ |   |   |
| PLEXION                      |   | ✓ |   |   |
| PRANDIN                      |   |   | ✓ |   |
| PRASCION FC                  |   | ✓ |   |   |
| PRAVASTATIN                  |   | ✓ |   |   |
| PREMARIN CREAM <sup>□</sup>  |   |   |   | ✓ |
| PREVACID NAPRAPAC*           |   |   |   | ✓ |
| PREVACID* <sup>□</sup>       |   |   |   | ✓ |
| PROMETHAZINE                 |   | ✓ |   |   |
| PROPRANOLOL                  |   | ✓ |   |   |
| PROVENTIL HFA                |   |   | ✓ |   |
| PROVIGIL*                    |   |   |   | ✓ |
| PULMICORT                    |   |   |   | ✓ |
| RAMIPRIL                     |   | ✓ |   |   |
| RANITIDINE                   |   | ✓ |   |   |
| RELPAK*                      |   |   |   | ✓ |
| REQUIP XL                    |   |   |   | ✓ |
| RESTASIS*                    |   |   |   | ✓ |
| RHINOCORT AQ                 |   |   |   | ✓ |
| RIBAPAK                      |   | ✓ |   |   |
| RISPERIDONE M-TAB*           |   | ✓ |   |   |
| ROSADERM                     |   |   | ✓ |   |
| ROZEREM <sup>□</sup>         |   |   |   | ✓ |
| SARAFEM                      |   |   |   | ✓ |
| SEB-PREV                     |   | ✓ |   |   |
| SEREVENT DISKUS <sup>□</sup> |   |   |   | ✓ |
| SERTRALINE                   |   | ✓ |   |   |
| SIMVASTATIN                  | ✓ |   |   |   |
| SINGULAIR                    |   |   | ✓ |   |
| SKELAXIN                     |   |   | ✓ |   |

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| DRUG NAME                     | V | G | P | B |
|-------------------------------|---|---|---|---|
| SOLODYN <sup>□</sup>          |   |   |   | ✓ |
| SODIUM SULFACETAMIDE-SULFUR   |   | ✓ |   |   |
| SOMATULINE DEPOT <sup>†</sup> |   |   |   | ✓ |
| SOTRET                        |   | ✓ |   |   |
| SPIRIVA                       |   |   | ✓ |   |
| STRATTERA*                    |   |   | ✓ |   |
| SUCRALFATE                    |   | ✓ |   |   |
| SULFATOL                      |   |   | ✓ |   |
| SULFATOL C                    |   |   | ✓ |   |
| SULFATOL SS                   |   |   | ✓ |   |
| SULINDAC                      |   | ✓ |   |   |
| SYMBICORT                     |   |   | ✓ |   |
| TEKTURNA <sup>□</sup>         |   |   |   | ✓ |

## 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

| DRUG NAME            | V | G | P | B |
|----------------------|---|---|---|---|
| TEMAZEPAM            |   | ✓ |   |   |
| TESTIM <sup>†</sup>  |   |   | ✓ |   |
| TIZANIDINE           |   | ✓ |   |   |
| TOPISULF             |   | ✓ |   |   |
| TRAMADOL             |   | ✓ |   |   |
| TRANSDERM-SCOP       |   |   |   | ✓ |
| TREAGAN OTIC         |   | ✓ |   |   |
| TRETINOIN            |   | ✓ |   |   |
| TREXIMET*            |   |   |   | ✓ |
| ULTRAVATE            |   |   |   | ✓ |
| VAGIFEM              |   |   | ✓ |   |
| VALACYCLOVIR         |   | ✓ |   |   |
| VALTURN <sup>□</sup> |   |   |   | ✓ |
| VENLAFAXINE          |   | ✓ |   |   |

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?

Please check your member handbook for specific coverage of diabetic supplies. Bayer and Lifescan diabetic supplies are the ODS preferred (tier 2) products. 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](http://www.odscompanies.com). The price check tool is located under the Pharmacy tab.

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

| DRUG NAME              | V | G | P | B |
|------------------------|---|---|---|---|
| VENLAFAXINE ER generic |   | ✓ |   |   |
| VENLAFAXINE ER brand   |   |   |   | ✓ |
| VENTOLIN HFA           |   |   |   | ✓ |
| VICTOZA                |   |   |   | ✓ |
| VYTORIN*               |   |   |   | ✓ |
| VYVANSE*               |   |   |   | ✓ |
| XIFAXAN*               |   |   |   | ✓ |
| XOPENEX HFA            |   |   |   | ✓ |
| XYZAL*                 |   |   |   | ✓ |
| ZANAFLEX <sup>□</sup>  |   |   |   | ✓ |
| ZETIA                  |   |   |   | ✓ |
| ZOLPIDEM               |   | ✓ |   |   |
| ZOMIG*                 |   |   | ✓ |   |
| ZOVIRAX                |   |   |   | ✓ |

opportunities for you to use generic drugs in your treatment.

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

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

### 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](http://www.odscompanies.com). 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. 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](http://www.odscompanies.com).

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