



**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 [www.odskompanies.com](http://www.odskompanies.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	Mail Order	Specialty
	31-day supply	90-day supply	31-day supply
Plan Year Copay/Coinsurance Max		\$1,000	
Value	\$4 copay	\$8 copay	N/A
Generic	\$8 copay	\$16 copay	\$16 copay
Preferred	20% coinsurance	20% coinsurance	20% coinsurance
Non-Preferred	50% coinsurance	50% coinsurance	50% coinsurance

**Value** medications include select commonly prescribed products used to treat chronic medical conditions and preserve health. A list of value medications can be accessed online through myODS.

**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. This benefit level may also include select brand medications that have been identified as favorable from a clinical and cost effective perspective.

**Preferred** designates those medications which have limited alternatives available, but have been found to be clinically effective at a favorable cost over the non-preferred alternative(s) within the same therapeutic class and/or category. In addition, select generic medications that have been identified as having no more favorable outcomes from a clinical perspective than other more cost effective generics are included.

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

**Generic Substitution:** Both generic and brand name medications are covered benefits. If a member requests a brand name drug or the treating physician prescribes a brand name drug when a generic equivalent is available, the member will be responsible for the brand copay plus the difference in cost between the generic and 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 100% at in-network 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 an out-of-network 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.odskompanies.com](http://www.odskompanies.com), through your myODS account.

2. **Submit claim forms to:**

ODS  
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 exclusive Mail Order Pharmacy.
- A 90-day supply is available at mail-order.
- Mail-order forms can be found online at [www.odskompanies.com](http://www.odskompanies.com), through your myODS account.

**Specialty Pharmacy Benefit**

- A 31-day supply is available through the exclusive specialty pharmacy.
- Specialty medications (including orphan drugs) must be accessed through BioScrip Specialty Pharmacy. For a list of eligible medications, please contact ODS Pharmacy 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.
- All specialty medication will require prior authorization by ODS.
- 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-** Medications 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 for a 31-day supply 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 31-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.
- Select specialty medications may be limited to a 15-day supply for drugs that have been determined to have a high discontinuation rate following the first couple of weeks of therapy.
- Immunization agents (other than allergy sera).

## 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.

- **Blood and Blood Products**
- **Charges Over the Maximum Plan Allowance.** Any charge in excess of the maximum plan allowance for a drug is not covered.
- **Cosmetic.** Drugs prescribed or used for cosmetic purposes are not covered.
- **Devices.** Devices, including, but not limited to therapeutic devices and appliances, hypodermic needles and syringes are not covered. (However, hypodermic needles and syringes for use with covered specialty medications and insulin will be a covered benefit). For contraceptive devices, see Covered Drug Supply.
- **Drug Administration.** A charge for administration or injection of a drug or medicine is not covered, except when administered for selected medications at retail pharmacies.
- **Drugs Covered Under Another Benefit.** A drug that is covered under another plan benefit (i.e. home health, medical, etc.).
- **Drugs for Other Purposes.** A drug prescribed for purposes other than treating a health condition or disease that is covered by the Plan.
- **Drugs Prescribed by a Relative.** Prescriptions written or ordered by members or their relatives, including a spouse, domestic partner, child, sibling, or parent of a member or his or her spouse or domestic partner, are not covered.
- **Excess Quantities.** Prescription refills or quantities of medications that are in excess of the number prescribed by the physician or the number established by the Plan are not covered.
- **Experimental or Investigational Drugs.**
- **Gender Reassignment.** Drugs prescribed (such as hormone supplements) for purposes to support gender reassignment are not covered.
- **Hair Growth Legend Drugs.**
- **Infertility Drugs.**
- **Institutional Drugs or Medicine.** 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
- **Non-Covered Condition.** A drug prescribed to treat a medical condition that is not covered under the Plan.
- **Nutritional Supplements and Medical Foods** are not covered, unless determined to be medically necessary.
- **Off-label Usage.** Drugs prescribed for or used for non-FDA approved indications, unless approved by the Health Resources Commission, are not covered.
- **Over the Counter (OTC) Drugs.**
- **Repackaged Medications.**
- **Replacement Medications and/or Supplies.** A replacement supply for reasons including but not limited to; lost, stolen, destroyed or damaged medications are not covered.
- **Sexual Disorders.** Drugs or devices prescribed or used to treat sexual dysfunction are not covered.
- **Tobacco Disorders.** Drugs or medicine to treat addiction to or dependence on tobacco or tobacco products (e.g., Nicorette) are covered under medical section.
- **Treatment Not Medically Necessary.**
- **Untimely Dispensing.** Drugs or medicines that are dispensed more than one year after the order of a physician are not covered.
- **Vitamins and Minerals.** The Plan does not cover over-the-counter (OTC) vitamins and minerals. Prescribed federal legend vitamins and minerals are covered.
- **Weight Loss Drugs.**

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