



### How To Use The Prescription Drug Card

Choose an Oregon Prescription Drug Program (OPDP) pharmacy from the network of participating pharmacies or visit the ODS website at [odscompanies.com](http://odscompanies.com). 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	Prescription Drug Card Plan	Mail Order Drug Plan
Deductible	None	None
Plan Year Copay/Coinsurance Max	\$1,000	\$1,000
Generic	\$5 copayment	\$10 copayment
Preferred Brand*	\$25 copayment	\$50 copayment
Non-Preferred Brand*	50%, \$50 maximum	50%, \$100 maximum

**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.

**Preferred Brand** means brand name drugs that have been reviewed by ODS and found to be clinically effective at a favorable cost- when compared to other medications in the same therapeutic class. **A preferred drug chart can be accessed online at [www.odscompanies.com](http://www.odscompanies.com), through your myODS account** This list is subject to change and will periodically be updated. If you should have any questions regarding the list, please do not hesitate to contact pharmacy customer service.

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

- \* **Generic Substitution:** Both generic and brand name medications are covered benefits. Regardless of the reason or medical necessity, 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 co-pay/co-insurance plus the difference in cost between the generic and the 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.

### 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 your receipts for reimbursement. For example, if you fill your prescription at a non-participating pharmacy that does not access ODS' claims payment system through MedImpact, you will need to submit a receipt. You will also need to submit a receipt if requesting coordination of benefits (COB) reimbursement when your employer plan provides you with secondary coverage. **It is as easy as 1, 2, 3 ...**

**1. Complete the prescription drug claim form.** Forms can be found online at [www.odscompanies.com](http://www.odscompanies.com), through your myODS online account or by linking directly to the forms page at <http://www.odscompanies.com/members/forms.shtml>.

**2. Submit claim forms to:**

The ODS Companies  
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 Mail Order Pharmacy.
  - A 90-day supply is available at mail-order. Both generic and brand name medications are covered benefits.
- Mail-order forms can be found online at [www.odscompanies.com](http://www.odscompanies.com), through your myODS online account or by linking directly to the forms page at <http://www.odscompanies.com/members/forms.shtml>.

*This is a benefit summary only. For a complete description please refer to your member handbook.*

## Specialty Pharmacy Benefit

- A 31-day supply is available at specialty. Both generic and brand name medications are covered benefits.
- Your pharmacy benefit requires that all specialty medications be accessed through BioScrip Specialty Pharmacy. For a list of eligible medications, please contact ODS 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, your BioScrip pharmacist provides comprehensive support, education and monitoring to help you get the most from your treatment.
- For more information or to enroll, you can contact BioScrip directly at 1-877-316-8921 or online at [www.bioscrip.com](http://www.bioscrip.com).

## 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-** Medication may be prescribed for conditions that are excluded under the plan.

## 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- will require authorization from ODS.
- New FDA approved drugs are subject to review and may require additional coverage parameters, requirements, or limits established by the plan.
- Compounded prescriptions will be paid as brand drugs. Medications over \$150 will require a prior authorization.
- Immunization agents (other than allergy sera). Please refer to your member handbook for a list of immunizations covered under your pharmacy benefit.

## Exclusions

Prescription Drug Benefits will not be paid for any charge excluded by the General Limitations or General Exclusions sections of the program or for the following:

- Devices including, but not limited to: therapeutic devices and appliances; hypodermic needles and syringes (the plan does not exclude hypodermic needles and syringes for use with insulin). For contraceptive devices, see Covered Drug Supply. See your member handbook for a complete list of covered/ excluded benefits.
- Medications administered to a covered person in whole or in part while the covered person is a patient in a hospital, sanitarium, rest home, skilled nursing facility, extended care facility, nursing home, or similar institution.
- Prescriptions, refills or quantities that have been dispensed in error by the pharmacy and are not representative of the prescription as written by the provider or the benefit provisions as set forth by the plan.
- A drug or medicine to treat an addiction or dependence of a drug or chemical (e.g. smoking cessation).
- Lifestyle medications are not covered under this plan (e.g. drugs or services to treat weight loss, sexual dysfunction and cosmetic treatment).
- Blood and blood products.
- Drugs or services prescribed to treat infertility.
- Drugs prescribed to treat a medical condition that is not covered under your OEBC Medical Plan.



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