

Preferred Drug Voucher Program

The ODS Companies now offers a Preferred Drug Voucher Program. The voucher program is designed to promote the use of safe and effective medications that are not available as samples at the doctor's office because of their low price or generic drug status.

For participating employer groups, the Preferred Drug Voucher allows members with prescription coverage through ODS, to fill a new 30-day supply prescription for a generic or preferred brand drug at a one-time \$0 co-payment.


How the Voucher Program Works

The vouchers are available to you via the ODS website — www.odsalaska.com — on your intranet website or by mail when requested from ODS.

You are encouraged to take a voucher to your next check-up and ask your provider if any of the voucher medications would be appropriate for you. If your physician agrees that one of the medications listed on the voucher is appropriate — either as a new medication or an alternative to a medication you are already taking — a new prescription will be required.

At the pharmacy, the Preferred Drug Voucher must be accompanied by a new prescription so the pharmacist can process the prescription correctly with the \$0 co-payment. Vouchers are valid for only one drug at a time. The \$0 co-payment applies only once. Subsequent patient refills will be subject to co-payment and prescription benefit guidelines.

FRONT


Preferred Drug Voucher Program
(No co-payment for 4J members for the drugs listed below.)

<u>Drug Name</u>	<u>Indication</u>
<input type="checkbox"/> Fluoxetine 20mg #30	Depression
<input type="checkbox"/> Lexapro 10mg #30	Depression
<input type="checkbox"/> Glyburide 5mg #30	Diabetes
<input type="checkbox"/> Metformin 500mg #60	Diabetes
<input type="checkbox"/> Atenolol 25mg #30	High Blood Pressure
<input type="checkbox"/> Hydrochlorothiazide 25mg #30	High Blood Pressure
<input type="checkbox"/> Lisinopril 10mg #30	High Blood Pressure
<input type="checkbox"/> Altoprev 40mg #30	High Cholesterol
<input type="checkbox"/> Naproxen 500mg #60	Pain/Arthritis
<input type="checkbox"/> Astelin Nasal Spray	Sinus/Allergies
<input type="checkbox"/> Ranitidine 150mg #60	Ulcer
<input type="checkbox"/> OTC Prilosec	Ulcer
<input type="checkbox"/> OTC Claritin	Sinus/Allergies

This is a voucher only — do not dispense unless accompanied by a prescription.
See back side for processing information.

BACK

DIRECTIONS FOR PHARMACY

- **Submit for drug on front of voucher as usual prescription**
- **Plan will pay all prescription costs (no patient co-payment)**
- **Plan name: ODS**
- **Carrier number: 38629**
- **Enter patient ID from member card**
- **Enter person code from member card**
- **Enter group number from member card**
- **No reimbursement claim may be submitted with respect to the product covered by voucher**
- **Call MedImpact at 1-800-788-2949 or ODS Pharmacy Customer Service at 1-888-361-1610**

(Good for initial prescription, one-time only. Refills follow usual procedure.)

For more information, please visit our website www.odsalaska.com or call **1-888-361-1610**.