

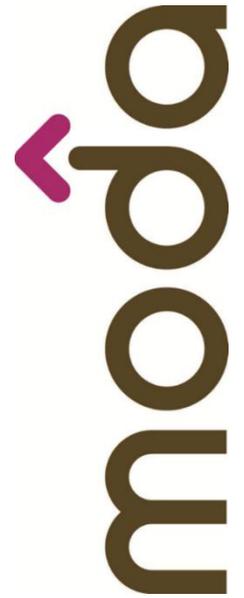
# Prescription benefit updates

## Small group and individual plans

Moda Health's prescription program is a pharmacy benefit that offers members a choice of safe and effective medication treatments. The program also helps you save money on prescription drugs. Periodically, medication coverage changes will occur. These changes allow us to maintain a comprehensive benefit and provide you with an open formulary and choice, and support the program's ongoing stability.

Our prescription program uses a tiered copay/coinsurance system. You and your doctor can choose between the value, select, preferred or non-preferred tier medications. What you pay for a drug depends on your plan.

Please review the following expected pharmacy coverage updates. Please note, this information could change and does not represent every potential update to your benefits. Refer to your member dashboard at [modahealth.com/memberdashboard](https://modahealth.com/memberdashboard) for specific tier and coverage information.



Value tier	Select tier	Preferred tier	Non-preferred tier
<p>Value medications include commonly prescribed medications used to treat chronic medical conditions and preserve health.</p> <p>Plans that do not include a value tier benefit will have medications categorized under this tier paid at the select or preferred tier copay/coinsurance levels.</p>	<p>Generic medications are considered by physicians and pharmacists to be therapeutically the same as brand name alternatives and at the most favorable cost. Generic medications must contain the same active ingredient as their brand name counterparts and be identical in strength, dosage and format.</p> <p>This benefit level may also include select brand medications that have been identified as favorable from a clinical and cost-effective perspective.</p>	<p>The preferred tier includes brand and specialty brand name medications that have been reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same category.</p> <p>This tier may also include generic medications that have been found to have the same clinical outcomes as their more cost-effective generic counterparts in the same category.</p> <p><b>If your plan does not include a preferred tier, then those medications will be paid at the select or non-preferred tier copay/coinsurance level.</b></p>	<p>This tier includes brand name medications that have been reviewed by Moda Health and found not to have a significant therapeutic advantage over their preferred tier counterparts.</p>

## Prescription coverage updates

These expected Moda Health prescription tier and coverage updates go into effect July 1, 2021.

Product Name	Update
<b>Amitiza 8 mcg Capsule</b>	Adding quantity limit of 60 capsules per 30 days.
<b>Amitiza 24 mcg Capsule</b>	Adding quantity limit of 60 capsules per 30 days.
<b>Linzess 72 mcg Capsule</b>	Adding quantity limit of 30 capsules per 30 days.
<b>Linzess 145 mcg Capsule</b>	Adding quantity limit of 30 capsules per 30 days.
<b>Linzess 290 mcg Capsule</b>	Adding quantity limit of 30 capsules per 30 days.
<b>Lubiprostone 8 mcg Capsule</b>	Adding quantity limit of 60 capsules per 30 days.
<b>Lubiprostone 24 mcg Capsule</b>	Adding quantity limit of 60 capsules per 30 days.
<b>Motegrity 1 mg Tablet</b>	Adding quantity limit of 30 tablets per 30 days.
<b>Motegrity 2 mg Tablet</b>	Adding quantity limit of 30 tablets per 30 days.
<b>Movantik 12.5 mg Tablet</b>	Adding quantity limit of 30 tablets per 30 days.
<b>Movantik 25 mg Tablet</b>	Adding quantity limit of 30 tablets per 30 days.
<b>Symproic 0.2 mg Tablet</b>	Adding quantity limit of 30 tablets per 30 days.
<b>Trulance 3 mg Tablet</b>	Adding quantity limit of 30 tablets per 30 days.
<b>Udenyca 6 mg/0.6 ml Syringe</b>	Moving to non-preferred tier. Adding specialty pharmacy and prior authorization requirements. Adding quantity limit of 2 syringes per 30 days.

This document is provided for informational purposes only and is intended as a quick reference. For cost and further details of the coverage, including exclusions, prior authorization requirements, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

Copyright © 2014 Moda, Inc. All Rights Reserved. Health plans in Oregon and Alaska provided by Moda Health Plan, Inc.

# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

---

## **If you need any of the above, call:**

**Medicare Customer Service,**  
877-299-9062 (TDD/TTY 711)

**Medicaid Customer Service,**  
888-788-9821 (TDD/TTY 711)

**Customer Service for all other plans,**  
888-217-2363 (TDD/TTY 711)

**If you think we did not offer these services or discriminated, you can file a written complaint.**

**Please mail or fax it to:**

Moda Partners, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

## **If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health  
and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

## **Dave Nessler-Cass coordinates our nondiscrimination work:**

Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

تولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အကူအညီ: ဤ တံခါး (အမျိုးအနွယ် အမျိုးအနွယ်) အလိုအလျောက် ဖြစ်ပေါ်လာပြီး အခမဲ့ အကူအညီ ဖြစ်ပေါ်လာပါသည်။ 1-877-605-3229 (TTY: 711) ပေါ်သို့ ခေါ်ဆိုပါ။

ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwonić: 1-877-605-3229 (obsługa TTY: 711)