

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 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>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.</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
Amitiza 8 mcg Capsule	Adding quantity limit of 60 capsules per 30 days.
Amitiza 24 mcg Capsule	Adding quantity limit of 60 capsules per 30 days.
Linzess 72 mcg Capsule	Adding quantity limit of 30 capsules per 30 days.
Linzess 145 mcg Capsule	Adding quantity limit of 30 capsules per 30 days.
Linzess 290 mcg Capsule	Adding quantity limit of 30 capsules per 30 days.
Lubiprostone 8 mcg Capsule	Adding quantity limit of 60 capsules per 30 days.
Lubiprostone 24 mcg Capsule	Adding quantity limit of 60 capsules per 30 days.
Motegrity 1 mg Tablet	Adding quantity limit of 30 tablets per 30 days.
Motegrity 2 mg Tablet	Adding quantity limit of 30 tablets per 30 days.
Movantik 12.5 mg Tablet	Adding quantity limit of 30 tablets per 30 days.
Movantik 25 mg Tablet	Adding quantity limit of 30 tablets per 30 days.
Symproic 0.2 mg Tablet	Adding quantity limit of 30 tablets per 30 days.
Trulance 3 mg Tablet	Adding quantity limit of 30 tablets per 30 days.
Udenyca 6 mg/0.6 ml Syringe	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.

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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, 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.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
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Portland, OR 97204
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