

Prescription benefit updates

Large group

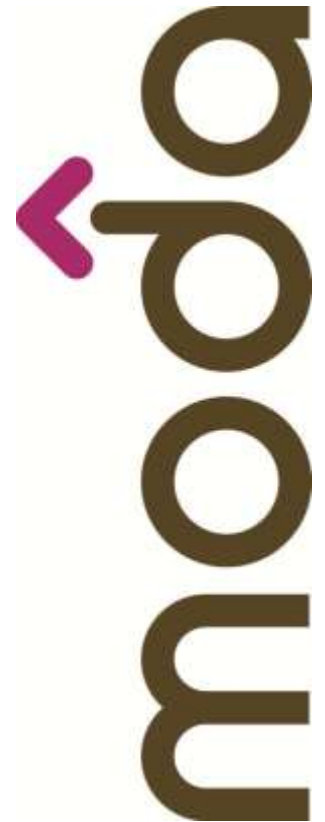
Moda Health’s prescription program is a pharmacy benefit that offers members a choice of safe and effective medication treatments. The program also helps you save money on prescription drugs. Periodically, medication coverage changes will occur. These changes allow us to maintain a comprehensive benefit 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, generic, preferred or brand tier medications. What you pay for a drug depends on your plan.

If your plan does not include a preferred tier, then those medications will be paid at the brand tier copay/coinsurance levels.

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 handbook for specific tier and coverage information.

Questions? Call our Pharmacy Customer Service team toll-free at 888-361-1610.



Value tier	Generic tier	Preferred tier	Brand 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 generic tier 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>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>If your plan does not include a preferred tier, then those medications will be paid at the brand tier copay/coinsurance level.</p>	<p>This tier includes brand and specialty 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>

**If your benefit does not include a preferred tier, medications under this tier will be paid at the brand tier copay/coinsurance level.*

2016.4 (10/1/2016). For prior effective dates, please contact Moda Health.



Prescription coverage updates

These expected Moda Health prescription tier and coverage updates go into effect for 2016.

Product name	Medication class	Update	Effective Date	Additional details
Oxybutynin IR 5mg tablet	Urinary Tract - Functional Disorders	This product will be adding a quantity limit.	10/1/2016	Add quantity limit on Oxybutynin tablets of 120 tablets per 30 day supply.
Oxybutynin 5mg/ml syrup	Urinary Tract - Functional Disorders	This product will be adding a quantity limit.	10/1/2016	Add quantity limit on Oxybutynin syrup of 600mL per 30 day supply
Detrol 1mg tablet Detrol 2mg tablet (tolterodine IR)	Urinary Tract - Functional Disorders	This product will be adding a quantity limit.	10/1/2016	Add quantity limit on Detrol of 60 tablets per 30 day supply
Detrol LA 2mg capsule Detrol LA 4mg capsule (tolterodine ER)	Urinary Tract - Functional Disorders	This product will be adding a quantity limit.	10/1/2016	Add quantity limit on Detrol LA of 30 capsules per 30 day supply
Trospium IR 20mg tablet	Urinary Tract - Functional Disorders	This product will be adding a quantity limit.	10/1/2016	Add quantity limit on Trospium IR of 60 tablets per 30 day supply.
Trospium ER 60mg capsule	Urinary Tract - Functional Disorders	This product will be adding a quantity limit.	10/1/2016	Add quantity limit on Trospium ER of 30 capsules per 30 day supply.

**If your benefit does not include a preferred tier, medications under this tier will be paid at the brand tier copay/coinsurance level.*

2016.4 (10/1/2016). For prior effective dates, please contact Moda Health.



Vesicare 5mg tablet Vesicare 10mg tablet (solifenacin succinate)	Urinary Tract - Functional Disorders	This product will be adding a quantity limit and step therapy requirement.	10/1/2016	Add quantity limit on Vesicare of 30 tablets per 30 day supply. Add step therapy requirement on Vesicare for trial of at least 2 of the following generics: Oxybutynin IR/ER, Tolterodine IR/ER, Trospium IR/ER.
Toviaz 2mg tablet Toviaz 4mg tablet (fesoterodine fumarate)	Urinary Tract - Functional Disorders	This product will be adding a quantity limit and step therapy requirement.	10/1/2016	Add quantity limit on Toviaz of 30 tablets per 30 day supply. Add step therapy requirement on Toviaz for trial of at least 2 of the following generics: Oxybutynin IR/ER, Tolterodine IR/ER, Trospium IR/ER.
Enablex 7.5mg tablet Enablex 15mg tablet (darifenacin hydrobromide)	Urinary Tract - Functional Disorders	This product will be adding a quantity limit and step therapy requirement.	10/1/2016	Add quantity limit on Enablex of 30 tablets per 30 day supply. Add step therapy requirement on Enablex for trial of at least 2 of the following generics: Oxybutynin IR/ER, Tolterodine IR/ER, Trospium IR/ER.
Pradaxa (dabigatran etexilate mesylate)	Hematological Disorders	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Pradaxa for a trial of Xarelto and Eliquis.
Savaysa (edoxaban tosylate)	Hematological Disorders	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Savaysa for a trial of Xarelto and Eliquis.
Farxiga (dapagliflozin propanediol)	Diabetes	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Farxiga for a trial of generic metformin and Invokana, Invokamet, Jardiance or Synjardy.

**If your benefit does not include a preferred tier, medications under this tier will be paid at the brand tier copay/coinsurance level.*

2016.4 (10/1/2016). For prior effective dates, please contact Moda Health.



Xigduo XR (dapagliflozin/metformin HCl)	Diabetes	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Xigduo XR for a trial of generic metformin and Invokana, Invokamet, Jardiance or Synjardy.
Tresiba (insulin degludec)	Diabetes	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Tresiba for a trial of Lantus or Toujeo.
Levemir (insulin detemir)	Diabetes	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Levemir for a trial of Lantus or Toujeo.
Oxytrol (oxybutynin)	Urinary Tract - Functional Disorders	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Oxytrol for trial of at least 2 of the following generics: Oxybutynin IR/ER, Tolterodine IR/ER, Trospium IR/ER.
Gelnique (oxybutynin chloride)	Urinary Tract - Functional Disorders	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Gelnique for trial of at least 2 of the following generics: Oxybutynin IR/ER, Tolterodine IR/ER, Trospium IR/ER.
Lyrica (pregabalin)	Seizure Disorder	This product will be adding a step therapy requirement	10/1/2016	Add step therapy requirement on Lyrica for trial of generic gabapentin or any of the following: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, desvenlafaxine, duloxetine, venlafaxine.

**If your benefit does not include a preferred tier, medications under this tier will be paid at the brand tier copay/coinsurance level.*

2016.4 (10/1/2016). For prior effective dates, please contact Moda Health.



Apidra Apidra Solostar (Insulin Glulisine)	Diabetes	This product will be adding a prior authorization.	7/1/2016	Add prior authorization guideline on Apidra and Apidra Solostar
Afrezza (Insulin Regular, Human)	Diabetes	This product will be adding a prior authorization.	7/1/2016	Add prior authorization guideline on Afrezza
Oxycontin (Oxycodone Hcl)	Pain Management	This product will be moving from preferred to non-preferred.	7/1/2016	Move Oxycontin from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Humulin N Humulin N Kwikpen (Insulin Nph Human Isophane)	Diabetes	This product will be moving to non-formulary and adding a prior authorization.	7/1/2016	Move Humulin N and Humulin N Kwikpen from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3) Add prior authorization guideline on Humulin N and Humulin N Kwikpen Alternative(s): Novolog and Novolin products
Humulin R (Insulin Regular, Human)	Diabetes	This product will be moving to non-formulary and adding a prior authorization.	7/1/2016	Move Humulin R from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3) Add prior authorization guideline on Humulin R Alternative(s): Novolog and Novolin products
Humulin 70/30 Humulin 70/30 Kwikpen (Insulin Nph Hum/Reg Insulin Hum)	Diabetes	This product will be moving to non-formulary and adding a prior authorization.	7/1/2016	Move Humulin 70/30 and Humulin 70/30 Kwikpen from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3) Add prior authorization guideline on Humulin 70/30 Kwikpen and Humulin 70/30 Alternative(s): Novolog and Novolin products

**If your benefit does not include a preferred tier, medications under this tier will be paid at the brand tier copay/coinsurance level.*

Humalog Mix 50/50 Humalog Mix 50/50 Kwikpen (Insulin Lispro Protamin/Lispro)	Diabetes	This product will be moving to non-formulary and adding a prior authorization.	7/1/2016	Move Humalog Mix 50/50 and Humalog Mix 50/50 Kwikpen from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3) Add prior authorization guideline on Humalog Mix 50/50 and Humalog Mix 50/50 Kwikpen Alternative(s): Novolog and Novolin products
Humalog Mix 75/25 Humalog Mix 75/25 Kwikpen (Insulin Lispro Protamin/Lispro)	Diabetes	This product will be moving to non-formulary and adding a prior authorization.	7/1/2016	Move Humalog Mix 75/25 and Humalog Mix 75/25 Kwikpen from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3) Add prior authorization guideline on Humalog Mix 75/25 and Humalog Mix 75/25 Kwikpen Alternative(s): Novolog and Novolin products
Humalog Kwikpen U-100 Humalog Kwikpen U-200 (Insulin Lispro)	Diabetes	This product will be moving to non-formulary and adding a prior authorization.	7/1/2016	Move Humalog Kwikpen U-100 and Humalog Kwikpen U-200 from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3) Add prior authorization guideline on Humalog Kwikpen U-100 and Humalog Kwikpen U-200 Alternative(s): Novolog and Novolin products
Humalog (Insulin Lispro)	Diabetes	This product will be moving to non-formulary and adding a prior authorization.	7/1/2016	Move Humalog from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3) Add prior authorization guideline on Humalog Alternative(s): Novolog and Novolin products
Pancreaze (Lipase/Protease/Amylase)	Upper Gastrointestinal Disorders	This product will be moving to non-formulary.	7/1/2016	Move Pancreaze from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Aubagio (Teriflunomide)	Neurological Disease	This product will be moving to non-formulary.	7/1/2016	Move Aubagio from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)

**If your benefit does not include a preferred tier, medications under this tier will be paid at the brand tier copay/coinsurance level.*

2016.4 (10/1/2016). For prior effective dates, please contact Moda Health.



Plegridy (Peginterferon Beta-1a)	Neurological Disease	This product will be moving to non- formulary.	7/1/2016	Move Plegridy from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Kineret (Anakinra)	Inflammatory Disease	This product will be moving to non- formulary.	7/1/2016	Move Kineret from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Rebif (Interferon Beta- 1a/Albumin)	Neurological Disease	This product will be moving to non- formulary.	7/1/2016	Move Rebif from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Cosentyx (Secukinumab)	Dermatology - Psoriasis/Eczema	This product will be moving to non- formulary.	7/1/2016	Move Cosentyx from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Actemra (Tocilizumab)	Inflammatory Disease	This product will be moving to non- formulary.	7/1/2016	Move Actemra from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Orencia (Abatacept/Maltose)	Inflammatory Disease	This product will be moving to non- formulary.	7/1/2016	Move Orencia from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Xeljanz (Tofacitinib Citrate)	Inflammatory Disease	This product will be moving to non- formulary.	7/1/2016	Move Xeljanz from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Cimzia (Certolizumab Pegol)	Lower Gastrointestinal Disorders	This product will be moving to non- formulary.	7/1/2016	Move Cimzia from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Otezla (Apremilast)	Inflammatory Disease	This product will be moving to non- formulary.	7/1/2016	Move Otezla from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)

**If your benefit does not include a preferred tier, medications under this tier will be paid at the brand tier copay/coinsurance level.*

Simponi (Golimumab)	Inflammatory Disease	This product will be moving to non-formulary.	7/1/2016	Move Simponi from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Daraprim (Pyrimethamine)	Infectious Disease - Parasitic	This product will be moving to non-formulary.	7/1/2016	Move Daraprim from Preferred Brand (Tier 2) to Non-Preferred Brand (Tier 3)
Tudorza pressair (Aclidinium bromide)	Asthma and COPD	This product will be adding a step therapy requirement.	4/1/2016	Add step therapy on Tudorza Pressair for a trial of Spiriva or Spiriva Respimat
Incruse ellipta (Umeclidinium bromide)	Asthma and COPD	This product will be adding a step therapy requirement.	4/1/2016	Add step therapy on Incruse Ellipta for a trial of Spiriva or Spiriva Respimat
Arcapta neohaler (Indacaterol maleate)	Asthma and COPD	This product will be adding a step therapy requirement.	4/1/2016	Add step therapy on Arcapta Neohaler for Striverdi Respimat or Serevent Diskus
Foradil (Formoterol fumarate)	Asthma and COPD	This product will be adding a step therapy requirement	4/1/2016	Add step therapy on Foradil for Striverdi Respimat or Serevent Diskus
Anoro Ellipta (Umeclidinium bromide/ vilanterol trifenate powder)	Asthma and COPD	This product will be adding a step therapy requirement	4/1/2016	Add step therapy on Anoro Ellipta for Stiolto Respimat
Epogen (Epoetin alfa)	Hematopoietic Agents	This product will be moving to non-formulary.	1/1/2016	Move Epogen from Specialty Preferred Brand (Tier 2) to Specialty Non-Preferred Brand (Tier 3)

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 Washington provided by Moda Health Plan, Inc. Health plans in California provided by Moda Health Plan, Inc. dba Moda Health Insurance.

*If your benefit does not include a preferred tier, medications under this tier will be paid at the brand tier copay/coinsurance level.

2016.4 (10/1/2016). For prior effective dates, please contact Moda Health.

