

Moda Health PPORX Enhanced (PPO)
Moda Health PPORX (PPO)
Moda Health Central PPORX (PPO)
Moda Health NW PPORX (PPO)
Moda Health Southern PPORX (PPO)
Moda Health Metro PPORX (PPO)

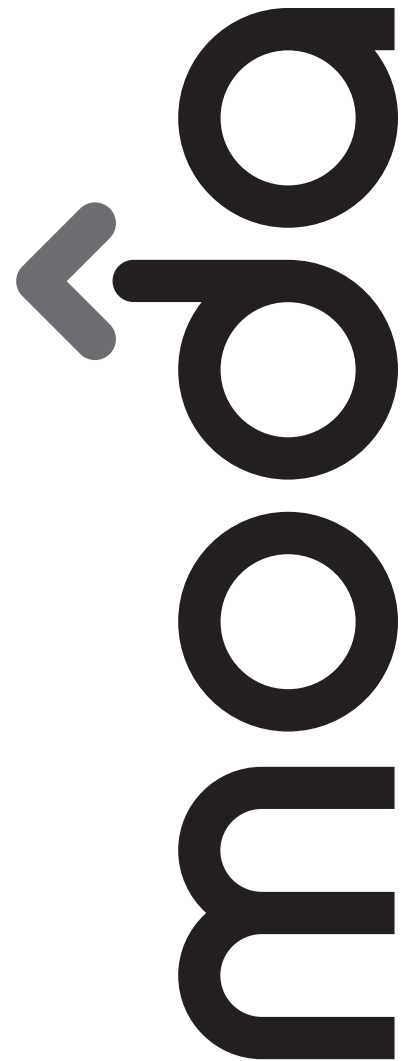
Moda Health Plan, Inc
2020 Comprehensive Formulary
(complete list of covered drugs)

**Please read: this document
contains information about the
drugs we cover in this plan**

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

For more recent information or other questions, please visit modahealth.com/medicare or contact Moda Health Plan, Inc. Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.) TTY users should call 711.

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2020 Comprehensive Formulary
(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID 00020018, Version 14

This formulary was updated on June 1, 2020. For more recent information or other questions, please contact Moda Health at 1-888-786-7509 or, for TTY users, 711, from 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31 (After April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays), or visit www.modahealth.com/medicare.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Moda Health Plan, Inc. When it refers to “plan” or “our plan,” it means Moda Health.

This document includes a list of the drugs (formulary) for our plan which is current as of June 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

Moda Health Plan, Inc. is a PPO and a PDP with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.

Formulary ID 00020018, Version 14
Y0115_CFC20A_C

What is the Moda Health Formulary?

A formulary is a list of covered drugs selected by Moda Health in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Moda Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Moda Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Moda Health may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Moda Health Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Moda Health Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will

remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of June 1, 2020. To get updated information about the drugs covered by Moda Health, please contact us. Our contact information appears on the front and back cover pages.

Moda Health posts the future formulary update files on our website, www.modahealth.com/medicare by the first of each month.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Moda Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Moda Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Moda Health before you fill your prescriptions. If you don't get approval, Moda Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Moda Health limits the amount of the drug that Moda Health will cover. For example, Moda Health provides 30 tablets in 30 days per prescription for *olanzapine*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Moda Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and

Drug B both treat your medical condition, Moda Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Moda Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Moda Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Moda Health formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Moda Health does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Moda Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Moda Health.
- You can ask Moda Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Moda Health Formulary?

You can ask Moda Health to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Moda Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Moda Health will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you**

should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of the medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of members in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you have a level of care change (such as going into or coming out of a skilled nursing facility or long term care home) we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your Moda Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Moda Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Moda Health Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Moda Health. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LYRICA) and generic drugs are listed in lower-case italics (e.g., *valsartan*).

The information in the Requirements/Limits column tells you if Moda Health has any special requirements for coverage of your drug.

Utilization Management Restrictions		
Abbreviation	Description	Explanation
AGE (Max 64 Years)	Age Restricted Drug	If you are 64 years or younger, the requirement for a prior authorization for this high risk medication (PA-HRM) does not apply to you. Please refer to the definition for PA-HRM below. For more information call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.
NDS	Non-Extended Days Supply	This prescription is limited to a 31-day supply. For more information call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Moda Health before you fill your prescription for this drug. Without prior approval, Moda Health may not cover the drug. To request a coverage determination, please call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.

Utilization Management Restrictions

Abbreviation	Description	Explanation
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Moda Health to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Moda Health may not cover the drug. To request a coverage determination, please call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from Moda Health before you fill your prescription for this drug. Without prior approval, Moda Health may not cover the drug. To request a coverage determination, please call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.
NM	No Mail Order	This prescription is not eligible for Mail Order. For more information call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.

Utilization Management Restrictions

Abbreviation	Description	Explanation
PA NSO	<p style="text-align: center;">Prior Authorization Restriction for New Starts Only</p>	<p>If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from Moda Health before you fill your prescription for this drug. Without prior approval, Moda Health may not cover the drug. To request a coverage determination, please call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.</p>
PA NSO-HRM	<p style="text-align: center;">Prior Authorization Restriction for New Starts Only and High Risk Medications</p>	<p>If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from Moda Health before you fill your prescription for this drug. Additionally, this drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from Moda Health before you fill your prescription for this drug. Without prior approval, Moda Health may not cover the drug. To request a coverage determination, please call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.</p>

Utilization Management Restrictions

Abbreviation	Description	Explanation
QL	Quantity Limit Restriction	Moda Health limits the amount of this drug that is covered per prescription, or within a specific time frame. Without prior approval, Moda Health may not cover the drug. To request a coverage determination, please call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.
ST	Step Therapy Restriction	Before Moda Health will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you. To request a coverage determination, please call Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1st to March 31 (after April 1, your call will be handled by our automated phone system Saturdays, Sundays and holidays). TTY users call 711.

Moda Health PPORX Enhanced (PPO)		
Deductible*	\$120.00 *(waived on Tier 1, Tier 2, & Tier 6)	
Drug Tier	up to a 31-day supply	up to a 93-day supply
Tier 1	\$2.00 copay	\$6.00 copay
Tier 2	\$20.00 copay	\$60.00 copay
Tier 3	\$45.00 copay	\$135.00 copay
Tier 4	\$100.00 copay	\$300.00 copay
Tier 5	30% coinsurance	drugs on this tier are limited to a 31-day supply
Tier 6	\$0 copay	drugs on this tier are limited to a 31-day supply

Moda Health PPORX (PPO)		
Deductible*	\$275.00 *(waived on Tier 1, Tier 2, & Tier 6)	
Drug Tier	up to a 31-day supply	up to a 93-day supply
Tier 1	\$5.00 copay	\$15.00 copay
Tier 2	\$15.00 copay	\$45.00 copay
Tier 3	\$47.00 copay	\$141.00 copay
Tier 4	\$100.00 copay	\$300.00 copay
Tier 5	28% coinsurance	drugs on this tier are limited to a 31-day supply
Tier 6	\$0 copay	drugs on this tier are limited to a 31-day supply

Moda Health Metro PPORX (PPO)		
Deductible*	\$250.00 *(waived on Tier 1, Tier 2, & Tier 6)	
Drug Tier	up to a 30-day supply	up to a 90-day supply
Tier 1	\$5.00 copay	\$15.00 copay
Tier 2	\$15.00 copay	\$45.00 copay
Tier 3	\$45.00 copay	\$135.00 copay
Tier 4	\$100.00 copay	\$300.00 copay
Tier 5	28% coinsurance	drugs on this tier are limited to a 30-day supply
Tier 6	\$0 copay	drugs on this tier are limited to a 30-day supply

Moda Health Central PPORX (PPO)		
Deductible*	\$175.00 *(waived on Tier 1, Tier 2, & Tier 6)	
Drug Tier	up to a 30-day supply	up to a 90-day supply
Tier 1	\$4.00 copay	\$12.00 copay
Tier 2	\$15.00 copay	\$45.00 copay
Tier 3	\$45.00 copay	\$135.00 copay
Tier 4	\$100.00 copay	\$300.00 copay
Tier 5	29% coinsurance	drugs on this tier are limited to a 30-day supply
Tier 6	\$0 copay	drugs on this tier are limited to a 30-day supply

Moda Health NW PPORX (PPO)		
Deductible*	\$275.00 *(waived on Tier 1, Tier 2, & Tier 6)	
Drug Tier	up to a 30-day supply	up to a 90-day supply
Tier 1	\$5.00 copay	\$15.00 copay
Tier 2	\$15.00 copay	\$45.00 copay
Tier 3	\$47.00 copay	\$141.00 copay
Tier 4	\$100.00 copay	\$300.00 copay
Tier 5	28% coinsurance	drugs on this tier are limited to a 30-day supply
Tier 6	\$0 copay	drugs on this tier are limited to a 30-day supply

Moda Health Southern PPORX (PPO)		
Deductible*	\$200.00 *(waived on Tier 1, Tier 2, & Tier 6)	
Drug Tier	up to a 30-day supply	up to a 90-day supply
Tier 1	\$4.00 copay	\$12.00 copay
Tier 2	\$15.00 copay	\$45.00 copay
Tier 3	\$45.00 copay	\$135.00 copay
Tier 4	\$100.00 copay	\$300.00 copay
Tier 5	29% coinsurance	drugs on this tier are limited to a 30-day supply
Tier 6	\$0 copay	drugs on this tier are limited to a 30-day supply



For more recent information or other questions, please visit modahealth.com/medicare or contact Moda Health Plan, Inc. Customer Service at 1-888-786-7509 from 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.) TTY users should call 711.

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