

Specialty medication list

An evidence-based pharmacy program that works for you

All specialty medications, including those listed below, require prior authorization before they can be dispensed.

Prior authorization (PA) is the process a member follows to obtain approval from Moda Health before we can process payment for a specific medication. To request PA for your specialty medication, please contact our Pharmacy Customer Service and we'll work directly with your healthcare provider to complete this process. If you do not have the required authorization, we may deny payment for your medication.

For a complete list of drugs that require authorization log in to your myModa account at modahealth.com (after your effective date of coverage). Or, call us toll free at 888-361-1610.

Please note that we update this list as new medications enter the market and it is subject to change. You must access specialty medications through the exclusive specialty pharmacy. To enroll with Ardon Health Specialty Pharmacy, call toll free at 855-425-4085.



Preferred specialty medications

8-Mop	Apokyn	Bicalutamide	Cometriq	Epoprostenol
Abilify	Aralast	Bioclote	Copaxone	Erbix
Maintena	Aranesp	Bivigam	Cyclosporine	Erivedge
Acetylcysteine	Arcalyst	Bosulif	Cystadane	Erwinaze
Actimmune	Aristada	Botox	Cystagon	Etoposide
Adagen	Arzerra	Buphenyl	Daklinza	Exemestane
Adcetris	Atgam	Busulfex	Desmopressin	Exjade
Adefovir dipivoxil	Atryn	Campath	Didanosine	Extavia*
Advate	Avastin	Capecitabine	Dysport	Eylea
Afinitor	Avonex	Caprelsa	Elaprase	Fareston
Alferon N	Azacitidine	Cayston	ElELYso	Farydak
Alkeran tablet	Aztreonam	Ceenu	Eligard	Faslodex
Aloxi	Bebulin	Cerdelga	Elitek	Firazyr
Alphanate	Benefix	Cerezyme	Eloctate	Firmagon
Alphanine	Benlysta	Chenodal	Elspar	Flebogamma
Alprolix	Berinert	Cholbam	Emcyt	Forteo
Amevive*	Bethkis	Chorionic	Enbrel	Fuzeon
Aminocaproic acid	Bexarotene	gonadotropin	Entecavir	Gablofen
Ampyra	Bexxar	Cinryze	Epogen	Gamastan SD

*Prior prescription through preferred treatment option(s) may be required

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

Gammagard	Kalydeco	Octagam	Sildenafil citrate	Vectibix
Gammaplex	Keveyis	Octreotide Acetate	Signifor	Velcade
Gammaked	Kogenate	Odomzo	Sirturo	Veletri
Gamunex	Korlym	Oforta	Skyla	Ventavis
Gattex	Kuvan	Olanzapine vial	Soliris	Victrelis
Gemcitabine	Kynamro	Olysio	Somatulene	Virazole
Geodon vial	Kyprolis	Omnitrope	Somavert	Vivaglobin
Gilenya*	Lamivudine HBV	Omontys	Sovaldi	Vivitrol
Gilotrif	Lenvima	Opsumit	Sprycel	Votrient
Gleevec	Letairis	Orenitram	Stelara*	Vpriv
Gleostine	Liletta	Orfadin	Stimate	Wilate
Granix	Luekeran	Oxaliplatin	Stivarga	Xalkori
Haloperidol vial	Leukine	Pamindronate	Supprelin LA	Xenazine
Harvoni	Leuprolide acetate	Pegasys	Sutent	Xgeva
Hemofil M	Lomustine	Pegintron*	Sylatron	Xiaflex
Herceptin	Lonsurf	Perjeta	Synagis	Xolair
Hetlioz	Lucentis	Pomalyst	Synarel	Xtandi
Hexalen	Lupaneta	Pregnyl	Synribo	Xyntha
Hexilate	Lupron Depot	Privigen	Tabloid	Xyrem
Hizentra	Macugen	Procrit	Tafinlar	Yervoy
HP Acthar	Matulane	Prolastin	Tarceva	Zaltrap
Humate P	Mekinist	Prolia	Targretin	Zarxio
Humira	Melphalan vial	Promacta	Tasigna	Zavesca
Hycamtin capsule	Mesna	Provenge	Tecfidera	Zelboraf
Hyqvia	Mesnex tablet	Purixan	Technivie	Zemaira
Ibandronate vial	Mirena	Ravicti	Temozolamide	Zoladex
Ibrance	Mitoxantrone	Rebetol solution	Teniposide	Zoledronic acid
Iclusig	Monoclate P	Recombinate	Terbutaline vial	Zolinza
Ifosfamide	Mononine	Relistor	Tetrabenazine	Zometa
Ilaris	Mozobil	Remicade*	Thalomid	Zorbitive
Implanon	Myalept	Remodulin	Thiotepa	Zortress
Increlex	Myleran	Repatha	Thyrogen	Zydelig
Infergen	Myobloc	Revlimid	Tobi Podhaler	Zykadia
Inlyta	Natpara	Ribapak	Tobramycin ampule	Zyprexa Relprevv
Innohep	Neulasta	Ribasphere	Tracleer	Zytiga
Intron-A	Neumega	Ribatab Dose pak	Tranexamic acid	
Invega Sustenna	Neupogen	Ribavirin	Treanda	
Iressa	Nexavar	Riluzole	Trelstar Depot	
Istodax	Nexplanon	Risperdal Consta	Trelstar LA	
Jadenu	Nexterone	Rituxan*	Tykerb	
Jakafi	Nilandron	Rixubis	Tysabri	
Jetrea	Northera	Ruconest	Tyvaso	
Juxtapid	Novarel	Sabril	Vandetanib	
Kadcyla	Novoseven	Saizen	Vantas	
Kalbitor	Nplate	Sandostatin LAR	Vecamyl	
	Obizur	Serostim		

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Non-preferred specialty medications

Actemra*	Epclusa	Makena	Plegridy	Zofran vial
Adasuve	Esbriet	Mesnex vial	Praluent	
Adempas	Ferriprox	Mirena	Procysbi	
Amicar	Gazyva	Mitosol	Rebif*	
Aubagio*	Genotropin*	Nexplanon	Simponi*	
Aveed	Healon5	Norditropin*	Tranexamic acid	
Betaseron	Humatrope*	Novantrone	Trelstar	
Cimzia*	Hycamtin vial	Nutropin*	Uvadex	
Copegus	Imbruvica	Ofev	Valchlor	
Cosentyx	Kineret*	Orencia*	Viekira Pak	
Cuvposa	Koate-DVI	Otezla*	Xeljanz*	
Daraprim	Lioresal	Otrexup	Xofigo	

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Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

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 believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

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

Moda's efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

If you need assistance filing a grievance, please call the applicable Customer Service department listed to the left.

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 to:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-868-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. 15019019 (8/16)



Delta Dental of Oregon & Alaska



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).

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）

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)

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)

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

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

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

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

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

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 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。

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

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با تماس بگیریید. (TTY: 711) 1-877-605-3229

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)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 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.