

2013 Preferred Drug List

An evidence-based pharmacy program that works for you



The Moda Health Preferred Drug Program is a pharmacy program that is designed to offer a choice of drugs that are safe, effective treatments; and to provide value to Moda Health members by saving them money on the cost of prescription drugs.

How does the program work?

This program uses a tiered copay system. Members and their doctors can choose between value tier, select generic (tier 1), preferred (tier 2) or brand (tier 3) drugs. Each tier has a different copay amount and will depend on your benefit. Refer to your member handbook for specific tier and coverage information.

Who makes decisions about drugs on the preferred drug list?

The list is developed and maintained by a committee comprised of doctors and pharmacists called the Pharmacy and Therapeutics Committee. The committee makes decisions based on information about the drug's safety, effectiveness and associated clinical outcomes.



Value tier	Tier 1 select generic	Tier 2 preferred	Tier 3 brand
Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health. Plans that do not include a Value tier benefit will have drugs categorized under this tier paid at the tier 1 or tier 2 copay/coinsurance levels.	Tier 1, generic drugs must contain the same active ingredients as their brand name counterpart and be identical in strength, dosage form and route of administration. This benefit level may also include select brand medications that have been identified as favorable from a clinical and cost effective perspective.	Tier 2, preferred drugs are those that represent a unique treatment option and do not have comparable alternatives. Other drugs included in this tier are those that represent the most favorable cost option when comparable alternatives are available. Generic medications that have been identified as having no more favorable outcomes, from a clinical perspective, than other more cost effective generics may be included in this tier.	Tier 3 brand drugs have been reviewed by Moda Health and found to have no significant treatment or cost advantage over preferred tier 2 drugs. The copay/coinsurance for drugs in this tier will be at the tier 3 copayment amount. If you request a brand name drug or your physician prescribes a brand name drug when a generic equivalent is available, you may be responsible for the brand copayment plus the difference in cost between the generic and the brand name drug. Please refer to your pharmacy benefits outlined in your member handbook.

How to read your preferred drug list

Refer to your Member Handbook to find specific copay amounts and covered drugs. Drugs that are new to the market are not included within your drug benefit until reviewed by the Pharmacy and Therapeutics Committee. Please contact Moda Health Customer Service if you are taking a drug that is new to the market.

Additional information about the Preferred Drug Program and other drugs that require clinical review can be found on the Moda Health website at modahealth.com/aet or by calling Customer Service at 855-294-1669.

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- **V** Value copay
- **SG** Generic copay
- **P** Preferred copay
- **B** Brand copay

Drug name	٧	SG	Р	В
ABILIFY			✓	
ACANYA				✓
ACETAMINOPHEN- CODEINE		✓		
ACIPHEX				✓
ACTIVELLA				✓
ACTONEL				✓
ACTOPLUS MET				✓
ACTOS				✓
ACYCLOVIR		✓		
ACZONE				✓
ADVAIR DISKUS			✓	
ADVAIR HFA			✓	
AGGRENOX				✓
ALLOPURINOL		✓		
ALREX			✓	
AMITIZA			✓	
AMITRIPTYLINE HCL	✓			
AMLODIPINE BESYLATE		√		
AMOX TR- POTASSIUM CLAVULANATE		✓		
AMOXICILLIN		✓		
AMPHETAMINE SALT COMBO		√		
ANDROGEL				✓
ARMOUR THYROID			✓	
ASACOL			✓	
ASMANEX				✓

Drug name	V	SG	Р	В
ASTEPRO				✓
ATACAND				✓
ATACAND HCT				✓
ATENOLOL	√			
ATRIPLA			✓	
ATROVENT HFA			✓	
AVALIDE				✓
AVAPRO				✓
AVELOX				✓
AVODART				✓
AZASITE				✓
AZITHROMYCIN		✓		
BACTROBAN				✓
BENICAR				✓
BENICAR HCT				✓
BEYAZ				✓ ✓
BONIVA				✓
BYETTA				✓
BYSTOLIC				✓
CADUET				✓
CANASA			✓	
CEFDINIR		✓		
CELEBREX				✓
CENESTIN				✓
CEPHALEXIN		✓		
CIPRODEX			✓	
CIPROFLOXACIN HCL		✓		

Drug name	V	SG	Р	В
CITALOPRAM HBR	✓			
CLOBEX				✓
CLONAZEPAM		√		
COLCRYS				✓
COMBIGAN				✓
COMBIPATCH			✓	
COMBIVENT			✓	
COREG CR			✓	
CRESTOR				✓
CYCLOBENZAPRINE		√		
CYMBALTA				✓
DETROL LA				✓
DEXILANT				✓
DIAZEPAM		✓		
DIFFERIN				✓
DIOVAN				✓
DIOVAN HCT				✓
DUAC CS				✓
EFFIENT				✓
ELIDEL			✓	
ELMIRON			✓	
ENABLEX				✓
ENJUVIA				✓
ENTOCORT EC			✓	
EPIDUO				✓
EPIPEN			✓	
EPIPEN JR			✓	



Drug name	V	SG	Р	В
ESTRACE				✓
ESTRADIOL		√		
ESTRING			✓	
EVISTA			✓	
EXFORGE				√
FEMHRT				✓
FEMRING			✓	
FINACEA				√
FLOVENT	✓			
FLUCONAZOLE		√		
FLUOXETINE HCL	✓			
FLUTICASONE PROPIONATE		✓		
FOCALIN XR				✓
FUROSEMIDE		√		
GABAPENTIN		√		
GEODON			✓	
GLUCAGON EMERGENCY KIT			✓	
HUMALOG			✓	
HUMULIN N	✓			
HUMULIN R	✓			
IBUPROFEN	✓			
INTUNIV				✓
JANUMET				✓
JANUVIA				✓
KADIAN				✓
LAMOTRIGINE		√		
LANTUS			✓	
LANTUS SOLOSTAR			✓	
LEVAQUIN				✓
LEVEMIR				✓
LEVOTHYROXINE SODIUM		✓		
LEXAPRO				✓
LIALDA				✓
LIDODERM				✓
LIPITOR				✓
LIPITOR				~

LUNESTA LYBREL LYRICA MALARONE MAXALT MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MOVIPREP NAPROXEN V V V V V V V V V V V V V	Drug name	٧	SG	Р	В
LOESTRIN 24 FE LORAZEPAM LOSARTAN POTASSIUM LOTEMAX LOVASTATIN LUMIGAN LUNESTA LYBREL LYRICA MALARONE MAXALT MAXALT METOPROLOL SUCCINATE METROGEL METROGEL MICARDIS MICARDIS MICARDIS MAPROXEN NASACORT AQ METOPROLOL METOPROLOL METOPROLOL METOPROLOL METROMIN HCL METROMIN HCL	LISINOPRIL	✓			
LORAZEPAM LOSARTAN POTASSIUM LOTEMAX LOVASTATIN LUMIGAN LUNESTA LYBREL LYRICA MALARONE MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL MICARDIS MICARDIS MICARDIS HCT MAPROXEN NASACORT AQ V	LISINOPRIL-HCTZ	✓			
LOSARTAN POTASSIUM LOTEMAX LOVASTATIN LUMIGAN LUNESTA LYBREL LYRICA MALARONE MAXALT MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS MICARDIS MOVIPREP NAPROXEN NASACORT AQ V	LOESTRIN 24 FE				✓
POTASSIUM LOTEMAX LOVASTATIN LUMIGAN LUNESTA LYBREL LYRICA MALARONE MAXALT MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MOVIPREP NAPROXEN NASACORT AQ V IMMETITIAL IN	LORAZEPAM		✓		
LOVASTATIN LUMIGAN LUNESTA LYBREL LYRICA MALARONE MAXALT MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL MICARDIS MICARDIS MICARDIS MOVIPREP NAPROXEN V V V V V V V V V V V V V			√		
LUMIGAN LUNESTA LYBREL LYRICA MALARONE MAXALT MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS MICARDIS MOVIPREP NAPROXEN V V V V V V V V V V V V V	LOTEMAX			✓	
LUNESTA LYBREL LYRICA MALARONE MAXALT MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS MOVIPREP NAPROXEN V V V V V V V V V V V V V	LOVASTATIN	✓			
LYBREL LYRICA MALARONE MAXALT MAXALT MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MOVIPREP NAPROXEN V V V V V V V V V V V V V	LUMIGAN				✓
LYRICA MALARONE MAXALT MAXALT MAXALT MLT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS MICARDIS MOVIPREP NAPROXEN V MAXALT MLT V MENEST V METOPROLOL V METFORMIN HCL V METOPROLOL V METOPROLOL	LUNESTA				✓
MALARONE MAXALT MAXALT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS MICARDIS MOVIPREP NAPROXEN V MAXALT MLT V MENEST V METOPROLOL V METFORMIN HCL V METOPROLOL V METOPROLOL V METOPROLOL V METOPROLOL V METROFIL V MOVIPREP NAPROXEN V MASACORT AQ V MAXALT MENEST V METOR MICARDIS V MICARDIS MICARDIS MICARDIS MICARDIS MICARDIS MOVIPREP NAPROXEN V MASACORT AQ	LYBREL				✓
MAXALT MAXALT MLT MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ	LYRICA				✓
MAXALT MLT MENEST METADATE CD METFORMIN HCL METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN V V V V V V V V V V V V V	MALARONE				✓
MENEST METADATE CD METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN V	MAXALT				✓
METADATE CD METFORMIN HCL METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ	MAXALT MLT				✓
METFORMIN HCL METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ	MENEST			✓	
METFORMIN HCL ER METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ	METADATE CD			✓	
METOPROLOL SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ	METFORMIN HCL	✓			
SUCCINATE METOPROLOL TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ		✓			
TARTRATE METROGEL METRONIDAZOLE MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ		✓			
METRONIDAZOLE MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ		✓			
MICARDIS MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ	METROGEL				✓
MICARDIS HCT MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ	METRONIDAZOLE		✓		
MORPHINE SULFATE MOVIPREP NAPROXEN NASACORT AQ	MICARDIS				✓
SULFATE MOVIPREP NAPROXEN NASACORT AQ v	MICARDIS HCT				✓
NAPROXEN ✓ NASACORT AQ ✓			✓		
NASACORT AQ •	MOVIPREP				✓
	NAPROXEN		✓		
NACONEY (NASACORT AQ				✓
NASONEX	NASONEX			✓	
NEXIUM	NEXIUM				✓
NIASPAN ✓	NIASPAN			✓	
NITROSTAT ✓	NITROSTAT			✓	
NOVOLIN N ✓	NOVOLIN N			✓	
NOVOLOG ✓	NOVOLOG			✓	

Drug name	V	SG	Р	В
NUCYNTA				✓
NUVARING			✓	
NUVIGIL				✓
OMEPRAZOLE		✓		
OMNARIS				✓
ONGLYZA				✓
OPANA ER				✓
ORTHO EVRA				✓
ORTHO TRI-CYCLEN LO				✓
OXYCODONE HCL		✓		
OXYCODONE- ACETAMINOPHEN		✓		
OXYCONTIN			✓	
PANTOPRAZOLE SODIUM		✓		
PAROXETINE HCL		✓		
PATADAY				✓
PATANOL				✓
PENICILLIN V POTASSIUM		✓		
PENTASA			✓	
PLAVIX			✓	
POTASSIUM CHLORIDE		✓		
PRAVASTATIN SODIUM		✓		
PREDNISONE		✓		
PREMARIN TABLETS			✓	
PREMPRO			✓	
PREVIDENT				✓
PRISTIQ				✓
PROAIR HFA			√	
PROMETHAZINE HCL		√		
PROMETRIUM				✓
PROTOPIC			✓	
PROVENTIL HFA				✓
PROVIGIL				✓



Drug name	V	SG	Р	В
PULMICORT FLEXHALER				✓
QVAR	✓			
RANITIDINE HCL		✓		
RELPAX				✓
RETIN-A MICRO				✓
RHINOCORT AQUA				✓
RITALIN LA				✓
SAVELLA			✓	
SEASONIQUE				✓
SEROQUEL			✓	
SEROQUEL XR			✓	
SERTRALINE HCL	✓			
SIMCOR				✓
SIMVASTATIN	✓			
SINGULAIR				✓
SPIRIVA			✓	
SPIRONOLACTONE		✓		
STRATTERA				✓
SUBOXONE FILM			✓	

Drug name	V	SG	Р	В
SULFAMETHOXAZO LE-TRIMETHOPRIM		✓		
SUPREP				✓
SYMBICORT			✓	
SYNTHROID				✓
TAMIFLU			✓	
TAZORAC			✓	
TRAMADOL HCL		✓		
TRANSDERM-SCOP				✓
TRAVATAN Z				✓
TRAZODONE HCL		✓		
TREXIMET				✓
TRIAMCINOLONE		✓		
TRIAMTERENE- HCTZ		✓		
TRICOR				✓
TRILIPIX				✓
TRUVADA			✓	
UROXATRAL				✓
VAGIFEM			✓	
VALACYCLOVIR		✓		

Drug name	V	SG	Р	В
VENTOLIN HFA				✓
VERAMYST				✓
VESICARE				✓
VICTOZA 3-PAK				✓
VIGAMOX			✓	
VIVELLE-DOT			✓	
VOLTAREN TOPICAL			✓	
VYTORIN				✓
VYVANSE				✓
WARFARIN SODIUM		✓		
XOPENEX HFA				✓
ZANAFLEX				✓
ZETIA				✓
ZOMIG				✓
ZOMIG ZMT				✓
ZOVIRAX				✓
ZYLET			✓	
ZYPREXA			✓	



Common questions and answers

What makes the Moda Health Preferred Drug Program different?

The Moda Health Preferred Drug
Program works differently than a
typical drug formulary. Many
formularies require you to use the
generic or low-cost brand drugs listed
on their formulary and will not pay for
any high-cost drugs not on that list.
Moda Health offers more flexibility;
members can choose high-cost drugs
if they want to and still have a portion
of the costs paid by Moda Health.

Does the tiered drug program limit which drugs my doctor can prescribe for me?

This list is not meant to replace a doctor's judgment for prescribing decisions. The Moda Health Preferred Drug Program is designed to offer cost-effective choices that will save members money on prescription drugs. Moda Health does not take responsibility for any drug decisions made by the prescriber or dispensing pharmacist.

What if my prescribed drug is not listed on the chart?

The Moda Health preferred drug list is not an all-inclusive list. To check your copayment on a drug not on this list, please use the online price check tool available through your myModa account under the Pharmacy tab. If you are taking a medication that is new to the market, please contact Moda Health Customer Service for coverage and its tiering.

How are diabetic supplies covered?

Please check your Member Handbook for specific coverage of diabetic supplies. Abbott and Bayer diabetic supplies are the Moda Health preferred (tier 2) products. In addition, a free blood glucose meter is available for the preferred meters (Abbott or Bayer). For more information about this program please call Moda Health Pharmacy Customer Service.

How can I find out how much my drug will cost?

Moda Health provides an online drug price check tool for members. You can access this resource by logging into your myModa account at modahealth.com/aet. The price check tool is located under the Pharmacy tab.

How do I use my mail-order benefits?

Members have the option of obtaining a 90-day supply per prescription through our mail-order pharmacy. Links to our mail order pharmacy and order forms are available on our website at modahealth.com/aet.

Please refer to your Member Handbook for copayment information.

When is the preferred drug list updated and how are members notified?

Modifications to the list reflecting new drugs or changes in treatment patterns will be made throughout the year. Members are notified by letter if the change will have a negative impact (higher copayment, etc.).The current list is available on the Moda Health website at modahealth.com/aet.

When a generic becomes available for a brand name medication, the brand name drug will be moved to the brand tier (3). If you receive a brand name drug when a generic is available, you may pay the difference between the brand name and generic drug in addition to your copayment. Please refer to your Member Handbook available on your MyModa Health account for more information.



