Value tier medication list

Value medications include select commonly prescribed products used to treat chronic medical conditions and preserve health. The table below shows medications included in the value tier. When a medication from this list has a generic equivalent, the generic form of the medication qualifies for the value benefit, while the brand form is covered at the **brand** tier benefit level.

Health condition	Type of medication	Brand name	Generic name
Asthma	Corticosteroids	Arnuity [®] Ellipta [®]	Fluticasone furoate
		Asmanex [®] Inhaler	Mometasone Furoate
		Flovent [®] (HFA & Diskus)	Fluticasone
		Pulmicort [®] *	Budesonide
Heart, cholesterol, high blood pressure	ACE-inhibitors	Vasotec [™] *	Enalapril
		Zestril™*	Lisinopril
	Angiotension receptor antagonist	Cozaar™*	Losartan Potassium
	Beta-blockers	Lopressor [™] *	Metoprolol Tartrate
		Toprol XL™*	Metoprolol Succinate
		Tenormin [™] *	Atenolol
		Coreg™*	Carvedilol
	Calcium channel blocker	Norvasc [™] *	Amlodipine
	Diuretics	Microzide [™] *, Ezide [™] *	Hydrochlorothiazide
		Thalitone [™] *	Chlorthalidone
		Lasix™*	Furosemide
		Aldactone [™] *	Spironolactone

*The generic forms of these medications qualify as "value tier" medications and are available at a lower copayment. Their brand-name equivalents are covered as "Brand" and may be subject to the "Brand Substitution Policy" – Please refer to your Member Handbook for additional information.

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Health condition	Type of medication	Brand name	Generic name
Heart, cholesterol, high blood pressure (continued)	Combination hypertensive	Ziac™*	Bisoprolol/HCTZ
		Vaseretic [™] *	Enalapril/HCTZ
		Zestoretic [™] *	Lisinopril/HCTZ
		Hyzaar™*	Losartan/HCTZ
	Cholesterol lowering agents	Zocor™*	Simvastatin ¹
		Lipitor®*	Atorvastatin ¹
		Mevacor™*	Lovastatin ¹
Diabetes	Glucose production inhibitors	Glucophage [™] *	Metformin
		Glucophage XR™*	Metformin ER
	Insulin release stimulants	Amaryl™*	Glimepiride
		Glucotrol™*	Glipizide
		Glucotrol XL™*	Glipizide ER
		DiaBeta™*	Glyburide
	Combination anti-diabetics	Glucovance™*	Glyburide/Metformin
Depression	Selective serotonin reuptake	Celexa™*	Citalopram
	inhibitors (SSRIs)	Prozac [™] *	Fluoxetine
		Zoloft™*	Sertraline
		Lexapro [®] *	Escitalopram
Osteoporosis	Bisphosphonates	Fosamax [®] *	Alendronate Sodium

¹Simvastatin, Atorvastatin, and Lovastatin qualify as "preventative care" medications for members 40 years of age and older. Medications covered under preventative care are considered preventative medications and may be covered at little or no cost to you.

*The generic forms of these medications qualify as "value tier" medications and are available at a lower copayment. Their brand-name equivalents are covered as "Brand" and may be subject to the "Brand Substitution Policy" – Please refer to your Member Handbook for additional information.

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, 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 Customer Service at:

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

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass, Chief Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com

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 Riahts 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.

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. Health plans provided by Moda Health Plan, Inc. Individual medical plans in Alaska provided by Moda Assurance Company. 39969758 (9/19)





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).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ 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)

> تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 2229-605-3229 (الهاتف النصي: 711)

بولتے ہیں تو لن نی (URDU) توجب دیں: اگر آپ اردو اعبانت آپ کے لیے بلا معباوضہ دستیاب ہے۔ پر کال کریں (TTY: 711) 1-877-605-3229

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

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

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 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 (TYY、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。 અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દશારવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે.1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວ ຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍ ຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (ТТҮ: 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)

ត្រវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រវ កា័រសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ័ 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.

โปรดหราบ: หากคุณพูดภาษาไหย คุณ สามารถใช้บริการช่วยเหลือด้านภาษา ได้ฟรี โหร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 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)



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