

OptumRx offers you more ways to improve your health, while keeping medications more affordable and accessible.



Helping you make the most of your pharmacy benefits.

Welcome to OptumRx

We look forward to providing your prescription benefits on behalf of your plan sponsor.

As the manager of your pharmacy benefit plan, we'll work closely with you to make sure you and your eligible family members get prescription medications when you need them.

Retail pharmacies

Your plan's retail pharmacy network includes many national chains and most independent pharmacies. For a complete list of participating pharmacies, use the **Locate a Pharmacy** tool at **optumrx.com** or call one of our Customer Service Advocates at **1-866-328-2005 (TTY 711)**.

Home delivery pharmacy

It's also safe and easy to get long-term medications shipped directly to your door through OptumRx home delivery. Just visit **optumrx.com** to order up to a 90-day supply of your medications, often for a lower price than you would pay at a retail pharmacy.

Making health care work better for everyone

OptumRx is part of Optum, a leading provider of integrated health services. Our goal is to help make the health care system work better for everyone. From all of us at OptumRx, we look forward to serving you and helping you make informed medication choices.



Create your **optumrx.com** account

Start taking care of your prescription needs on day one of your pharmacy benefits:

- Request home delivery refills and renewals.
- Transfer retail prescriptions to home delivery.
- Compare medication costs.

Manage your prescriptions online

Optumrx.com offers a fast, easy, secure way to refill home delivery prescriptions, manage your account, look up medication pricing, find helpful information and more. You can register to use the website on the day your OptumRx pharmacy benefits begin. Use your online account to:

- Refill home delivery prescriptions
- Shop for medical supplies and over-the-counter products
- Learn how much a medication costs
- Find detailed information on thousands of prescription medications
- Learn about managing your health



Create your account in minutes

- Visit **optumrx.com**
- Select **Register**
- Enter the required information
- Submit



Optumrx.com tools

• Medication reminders

Sign up for text message reminders to refill or take your medication.

• My Medicine Cabinet

Check your home delivery or retail prescription status, refill and renew home delivery prescriptions, and transfer retail prescriptions to home delivery.

• Claims history

View past prescription claims processed by OptumRx.

Download the OptumRx App

Manage your home delivery prescriptions right from your phone or tablet using the OptumRx App.

Getting started is easy. From the home screen, you can take complete control of your pharmacy experience any time, from anywhere.



**1 Organize your
Medicine Cabinet**

Use the app to:

- Refill a home delivery prescription
- View the status of your current prescriptions
- Renew home delivery prescriptions
- Transfer prescriptions to OptumRx home delivery

2 Stay up to date

View your claims history, order status and more.

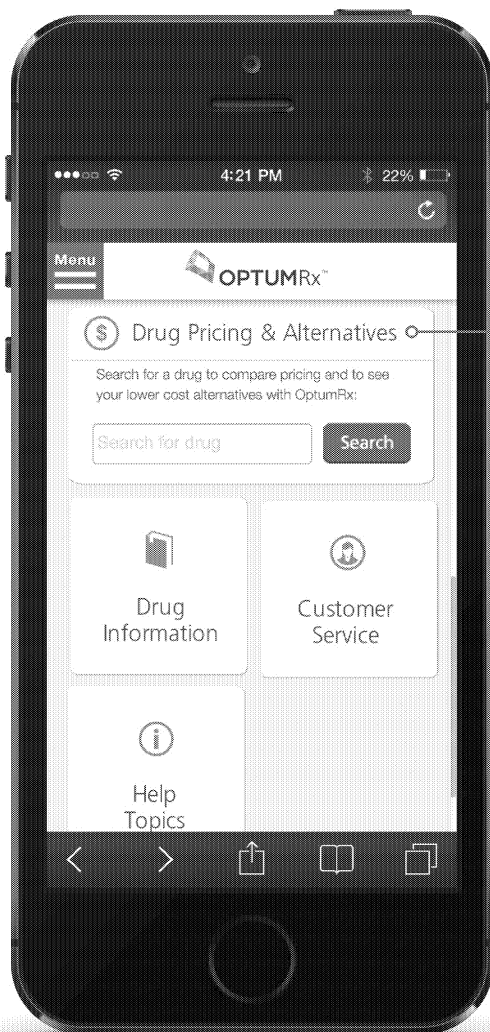
**3 Find the retail
pharmacy closest
to you**

When you want to visit a retail pharmacy in person, tap the pharmacy locator tool to find one near you.

4

Check medication pricing and options

You can compare medications and prices to see if lower-cost alternatives are available to you.



Download the OptumRx App for your Apple® or Android™ device today.

Try home delivery

With OptumRx home delivery, up to a 90-day supply of your long-term medications is shipped right to your door. Home delivery provides benefits beyond convenience.

- Medications often cost less through home delivery than they do through a retail pharmacy.
- There is no charge for standard shipping to U.S. addresses.
- You can talk with a licensed pharmacist 24 hours a day, 7 days a week.
- You can fill prescriptions for the same brand-name and generic medications you would at a retail pharmacy.



Here's how it works



1. Your prescription order enters our processing system.



2. A pharmacist reviews your dosage and checks for medication interactions and allergies.



3. For added safety, another pharmacist double checks your order for accuracy after it is dispensed.

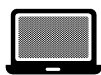


4. For security, we mail your medications in a plain, tamper-evident package.

Getting started

Home delivery is an easy way to get your long-term medications — and maybe save money, too.

Three ways to transfer your prescription:



Manage your medication online

Sign in to **optumrx.com** and select **Transfer Prescriptions**. Select the medication you want to switch to home delivery.



Call OptumRx at 1-866-328-2005

Customer Service is available 24 hours a day, 7 days a week to help you start home delivery. Please have your medication name and doctor's phone number ready when you call.



Talk to your doctor before you use your allowed fills

- Get a prescription from your doctor for up to a 90-day supply, plus refills for up to one year (if needed).
- Ask your doctor to fax your prescription to OptumRx. Your doctor can call the number on the back of your plan ID card for instructions. Faxed prescriptions must come from your doctor's office.



Set timely reminders

Sign up for text message and email reminders so you always know when to take your medications and refill your prescriptions. To start:

- Visit **optumrx.com**
- Create or log into your account
- Select **My Account**
- Select **Manage My Medication Reminders**

Retail pharmacy network

Your plan's large retail pharmacy network offers many chain and independent pharmacy options. Find one close to you by logging in to our website and using the **Locate a Pharmacy** tool. If you still need help, call Customer Service.

Be sure to use your member ID card

When you fill a prescription, show your ID card at the counter. If the pharmacy is in your plan's network, your insurance information will be entered, and you will pay your share of the cost.

If you do not show your ID card, or if you fill a prescription at a non-network pharmacy, you must pay 100 percent of the pharmacy's price for the medication. If the medication is covered by your plan, you can be reimbursed. Just complete and send a Prescription Reimbursement Request Form, along with the pharmacy receipt, to OptumRx. For a copy of the form, visit our website or call Customer Service.

About non-network pharmacies

Your plan may cover prescriptions filled by pharmacies outside the network. If your plan includes this benefit and you get a covered medication from a non-network pharmacy, you must pay for the medication when it is dispensed. Then you must file a claim for reimbursement. Your reimbursement amount is based on the network pharmacy rate minus your copayment or coinsurance.

All claims are subject to your pharmacy benefit plan's rules and limits. Please see your benefit plan documents for specific coverage information.



Specialty pharmacy

Get the most from specialty medications

Specialty medications can improve and even save lives, but they can require more intensive therapy than traditional medications do. That's why OptumRx does more than just fill your specialty prescriptions. We are also a support team for you and your doctor.

Benefits of using OptumRx for specialty medications:

- No-charge express shipping to your home, doctor's office or other location
- Supplies and sharps containers provided at no extra cost
- Support from pharmacists and patient care coordinators who check for side effects, medication interactions and problems you may have taking your medications
- 24/7 access to pharmacists who can answer your questions
- Educational information about your condition and specialty medications
- Easy refills—a specialty patient care coordinator will call when it is time to refill

Our Clinical Management Programs provide education and care for many medical conditions that require specialty medications, also at no extra cost to you.

Learn more about specialty pharmacy and your plan

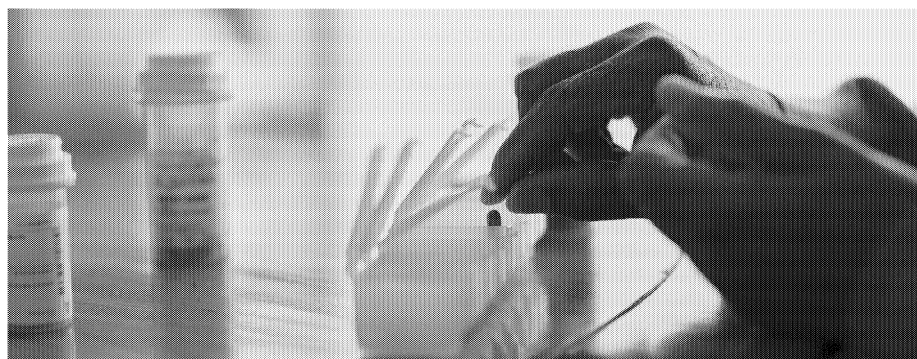


Visit our website or call OptumRx.

Taking your medications as directed

Taking medications exactly as prescribed by your doctor can improve your health. Likewise, missing doses or stopping medications early can lead to serious problems. Follow these tips to get the most from your prescription medications:

- Read the label carefully before taking any medication.
- Ask your doctor or pharmacist what to do if you miss a dose.
- Take each medication as directed, including the correct amount; the correct number of times a day, week or month; and at the right time of day or night.
- Talk to your doctor or pharmacist before you stop taking a medication, even if you feel better.
- Do not crush or split tablets without talking to your doctor or pharmacist first.
- Keep a list of your current medications, vitamins and supplements for your records. Include the names, when you take them and why. You may record them using the chart on the next page.
- Write down any problems you have with your medications. Then discuss them with your doctor or pharmacist.
- Properly throw away outdated medications. To learn how, call Customer Service, visit us online or review FDA guidelines by searching for “medication disposal” at **[fda.gov](https://www.fda.gov)**.
- Keep medications away from heat, light and moisture. Never store them in the bathroom.
- Make taking your medications part of your regular schedule.



My medications

In the chart below, write down the names of all your prescriptions and other medications. Note why you take them, the prescribed dosage and directions for taking them. Take this list when you see your doctor or pharmacist.

You can also go online to see a virtual record of your medications, as well as keep track of your prescriptions and other medications.

Medication/dosage:

Reasons for taking:

Directions:

Medication/dosage:

Reasons for taking:

Directions:

Medication/dosage:

Reasons for taking:

Directions:

Medication/dosage:

Reasons for taking:

Directions:

Medication/dosage:

Reasons for taking:

Directions:

Medication/dosage:

Reasons for taking:

Directions:

Utilization management programs

The cost of prescription medications is on the rise for both you and your plan. To help control costs and make sure you receive the proper medication, your plan includes the programs described below.

Prior authorization

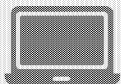
Prior authorization means that specific criteria must be met before your plan will cover certain medications. Every prior authorization review is based on clinical guidelines to make sure you and your family get the most appropriate medications. Prior authorization may apply to a medication that is:

- Approved to treat only a certain condition
- More costly than other medications used to treat the same condition
- Not yet proven to be safe and effective in treating your condition

Prior authorization may also apply to make sure that the right steps are taken before you begin using a medication.

Quantity limits

Some medications can only be dispensed in a limited quantity or for a defined period of time. For example, your plan may allow up to 30 tablets of a medication in a 30-day period. Quantity limits help lower the risk of overuse and misuse.



To learn more, visit our website or call OptumRx.

Understanding your medication options

A Prescription Drug List (PDL) is a list of commonly prescribed medications preferred by your plan for their safety, cost and effectiveness. The PDL, also known as a formulary, identifies medications available for certain conditions and organizes them into cost tiers. Medications are listed by common categories or class. The PDL includes both brand and generic prescription medications approved by the FDA.

Using the PDL

When choosing a medication, you and your doctor should consult the PDL. It will help with choosing the most cost-effective prescription medication by telling you if it is generic or brand-name and if special rules apply. It is organized by common medical conditions. Bring the PDL with you when you see your doctor.

If your medication is not listed on the PDL, please visit our website or call Customer Service for more information.

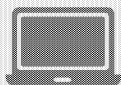
When does the PDL change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when their generics become available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Please note:

Where differences are noted between the PDL and your benefit plan documents, the benefit plan documents will rule. The PDL is not intended as a complete list of medications, and not all medications listed may be covered under your plan. Please look at the benefit plan documents provided by your plan sponsor to see what medications are covered. You may also log in to our website or call Customer Service for more information.



For the most up-to-date PDL, log in to our website or call Customer Service.

OptumRx® Prescription Drug List

Refer to your plan’s **Prescription Drug List** (also known as a formulary) to see which drugs are covered. All strengths and formulations of listed drugs are on the formulary unless otherwise noted. The formulary can change without notice and plan coverage may vary for drugs listed in this booklet. Visit us online for the current formulary list. Please see your benefit plan documents for coverage details.

Bold type = Brand name drug. [Plain type = Generic drug]

Programs and Limits (restrictions do not apply to all plans)

- PA** = Prior Authorization

ST = Step Therapy

QL = Quantity Limits
- AR** = Age Restrictions

SP = Specialty Pharmacy

GR = Gender Restrictions

Drug Name	Drug Tier	Programs and Limits
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azithromycin	1	
Bethkis	2	SP
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic Suspension	3	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Dificid	3	PA
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	QL
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic Suspension, Solution	1	
Nitrofurantoin Macrocrystalline	1	

Drug Name	Drug Tier	Programs and Limits
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	QL
Penicillin VK	1	
Solodyn	3	QL
Sulfamethoxazole-Trimethoprim	1	
Sulfamethoxazole-Trimethoprim DS	1	
Anti-Infectives: Antifungals		
Fluconazole	1	
Nystatin Suspension	1	
Terbinafine Tab	1	
Anti-Infectives: Antivirals		
Acyclovir Tab, Suspension	1	
Baraclude	3	QL, SP
Famciclovir Tab	1	
Harvoni	2	PA, QL, SP
Olysio	3	PA, QL, ST, SP
Pegasys	2	PA, SP
Sovaldi	2	PA, QL, ST, SP
Tamiflu	3	QL
Valacyclovir	1	QL

Drug Name	Drug Tier	Programs and Limits
Cancer		
Anastrozole	1	
Gleevec	2	PA, QL, SP
Letrozole	1	PA
Revlimid	3	PA, QL, SP
Tamoxifen Tab	1	
Tasigna	2	PA, QL, SP
Zytiga	3	PA, SP
Cardiovascular/Heart Disease:		
Anticoagulants		
Aggrenox	2	QL
Brilinta	2	QL
Clopidogrel	1	QL
Coumadin	3	
Effient	2	QL
Eliquis	3	QL
Enoxaparin	1	QL
Pradaxa	2	QL
Warfarin	1	
Xarelto	2	QL
Cardiovascular/Heart Disease:		
High Blood Pressure		
Amlodipine	1	QL
Amlodipine/Benazepril	1	QL
Atenolol	1	
Atenolol/Chlorthalidone	1	
Azor	2	QL, ST
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	2	QL, ST
Benicar HCT	2	QL, ST
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	QL
Cartia XT	1	QL
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Coreg CR	3	QL, ST
Diovan	3	QL, ST
Doxazosin	1	
Dutoprol	2	QL
Edarbi	3	QL, ST
Edarbyclor	3	QL, ST
Enalapril	1	
Exforge	3	QL, ST

Drug Name	Drug Tier	Programs and Limits
Exforge HCT	3	QL, ST
Felodipine	1	QL
Fosinopril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	QL
Irbesartan/HCTZ	1	QL
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	QL
Losartan/HCTZ	1	QL
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	QL
Spironolactone	1	
Tarka	2	
Tekturna	2	QL, ST
Tekturna HCT	2	QL, ST
Telmisartan	1	QL
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Tribenzor	2	QL, ST
Valsartan	1	QL
Valsartan/HCTZ	1	QL
Verapamil ER	1	
Cardiovascular/Heart Disease:		
High Cholesterol		
Atorvastatin	1	QL
Crestor	2	QL
Fenofibrate	1	QL
Gemfibrozil	1	QL
Lipitor	3	QL, ST
Lipofen	3	QL
Livalo	3	QL, ST
Lovastatin	1	
Lovaza	3	QL
Niacin ER Tab	1	QL

Drug Name	Drug Tier	Programs and Limits
Omega-3 Acid Cap 1 gm	1	QL
Pravastatin	1	
Simcor	2	QL
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	QL
Simvastatin 80 mg	1	PA, QL
Vascepa	2	QL
Vytorin	2	QL
Vytorin Tab 10-80 mg	2	PA, QL
Welchol	2	QL
Zetia	3	QL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Amlodipine/Atorvastatin	1	QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Nitrostat	2	
Ranexa	2	ST
Sotalol	1	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adcirca	3	PA, QL, SP
Letairis	2	PA, QL, SP
Opsumit	2	PA, QL, SP
Sildenafil Tab 20 mg	1	PA, QL, SP
Tracleer	2	PA, QL, SP
Central Nervous System: Attention Deficit Disorder		
Amphetamine-Dextroamphetamine Tab	1	QL, AR
Amphetamine-Dextroamphetamine SR Cap 24Hr	1	QL, AR
Dexmethylphenidate ER Cap	1	QL, AR
Focalin XR	3	QL, ST, AR
Intuniv	3	QL, AR
Methylphenidate Cap ER	1	QL, AR
Methylphenidate ER Tab	1	QL, AR
Methylphenidate HCL SA Osmotic ER Tab	1	QL, AR
Methylphenidate Tab	1	QL, AR
Strattera	2	QL, AR
Vyvanse	2	QL, AR

Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion XL	1	QL
Bupropion	1	
Bupropion SR	1	
Citalopram	1	QL
Cymbalta	3	QL
Doxepin	1	
Duloxetine	1	QL
Escitalopram Tab	1	QL
Fluoxetine Cap (not PMDD)	1	
Forfivo XL	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine	1	
Pristiq	2	QL
Sertraline	1	
Trazodone	1	
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	QL
Viibryd	3	QL, ST
Central Nervous System: Migraine		
Butalbital-Acetaminophen-Caffeine Tab	1	QL
Migranal	3	QL
Phrenilin	3	QL
Relpax	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
Sumavel Dose	3	QL
Zomig Nasal Spray	2	QL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, QL, SP
Avonex Kit	2	PA, QL, SP
Avonex Pen Kit	2	PA, QL, SP
Avonex Prefill Kit	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone	2	PA, QL, SP
Gilenya*	3	PA, QL, ST, SP
Rebif	3	PA, QL, ST, SP
Rebif Titrtn	3	PA, QL, ST, SP
Tecfidera	2	PA, QL, SP

Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Other		
Abilify Tab	2	QL
Abilify Disc	2	QL
Abilify Solution	2	QL
Alprazolam Tab	1	QL
Benzotropine	1	
Bupirone	1	
Carbidopa/ Levodopa Tab (Immediate Release)	1	
Diazepam Tab	1	
Donepezil Tab	1	QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda Tab	2	QL
Namenda XR Cap	2	QL
Olanzapine Tab	1	QL
Pramipexole	1	
Prochlorperazine	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Seroquel XR	2	QL
Zelapar	3	
Ziprasidone Cap	1	QL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Carbamazepine Tab	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamictal	2	
Lamictal ODT	2	

Drug Name	Drug Tier	Programs and Limits
Lamictal XR	3	QL
Lamotrigine (Immediate Release)	1	
Lamotrigine ER	1	QL
Levetiracetam	1	
Levetiracetam ER	1	QL
Lyrica Cap	2	QL
Onfi	3	PA, SP
Oxcarbazepine	1	
Phenytoin	1	
Topiramate Tab	1	
Dermatology		
Acanya Gel	3	QL
Acyclovir Ointment 5%	1	
Azzone Gel	3	
Atralin	2	QL, AR
Benzaclin	3	QL
Carac	2	
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	QL
Clobetasol Cream, Gel, Ointment, Solution	1	
Clobex	3	
Cloderm	3	
Clotrimazole/ Betamethasone Cream, Lotion	1	
Condylox	3	
Desonide Cream	1	
Differin	3	QL
Econazole Cream	1	
Elidel	2	QL, ST, AR
Epiduo	3	QL
Finacea	2	
Fluocinonide Cream, Gel, Ointment 0.05%	1	
Hydrocortisone Cream 2.5%	1	
Ketoconazole Cream/ Shampoo	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	
Mometasone	1	
Mupirocin Ointment	1	

Drug Name	Drug Tier	Programs and Limits
Nystatin Cream, Ointment, Powder	1	
Nystatin/Triamcinolone Cream, Ointment	1	
Oxsoralen-UL	2	PA
Permethrin Cream 5%	1	
Protopic Ointment	3	QL, ST, AR
Retin-A Micro	3	QL, AR
Silver Sulfadiazine Cream 1%	1	
Taclonex	3	QL
Tretinoin Cream	1	AR
Tretinoin Microsphere Gel	1	QL, AR
Triamcinolone	1	
Vectical	3	
Zovirax Cream	2	
Zovirax Ointment	3	
Zyclara	3	QL
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Act/Gluc Calibration Liquid	3	
Accu-Chek Aviva Plus Test Strips	2	QL
Accu-Chek Aviva Test Strips	2	QL
Accu-Chek Comfort Test Strips	2	QL
Accu-Chek Cpt/Gluc Calibration Liquid	3	
Accu-Chek Drum Test Strips	2	QL
Accu-Chek Kit Aviva Plus	2	
Accu-Chek Kit Compact	2	
Accu-Chek Kit Fastclix	2	
Accu-Chek Kit Multiclix	2	
Accu-Chek Kit Nano	2	
Accu-Chek Kit Softclix	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Smart Calibration Liquid	3	
Accu-Chek Smart Test Strips	2	QL
Accu-Chek Sol Calibration Liquid	3	

Drug Name	Drug Tier	Programs and Limits
Accu-Chek Sol Comfort Calibration Liquid	3	
Fastclix Lancets	2	
Glucocard Test Strips	1	
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Autocover Pen Needle	3	
Novofine Pen Needle	3	
Novotwist Pen Needle	3	
Onetouch Kit Ultra Smart	2	
Onetouch Kit Ultra	2	
Onetouch Kit Ultra 2	2	
Onetouch Kit Ultra Mini	2	
Onetouch Kit Verio IQ	2	
Onetouch Lancets	2	
Onetouch Test Strips	2	QL
Onetouch Ultra Blue Test Strips	2	QL
Onetouch Verio Test Strips	2	QL
Soft Touch Lancets	2	
Softclix Lan Mis Device	3	
Softclix Lancets	2	
Surestep Test Strips	2	QL
Truetrack Test Strips	3	QL
Diabetes/Endocrine: Insulin		
Humalog Vials	2	
Humalog Kwik Pen	2	
Humalog Mix 50/50 Kwik Pen	2	
Humalog Mix 50/50 Vials	2	
Humalog Mix 75/25 Kwik Pen	2	
Humalog Mix 75/25 Vials	2	
Humulin 70/30 Vials	2	
Humulin N Vials	2	
Humulin N Pen	2	
Humulin Pen 70/30	2	
Humulin R U-500	2	
Humulin R Vials	2	

Drug Name	Drug Tier	Programs and Limits
Lantus Solostar	2	
Lantus Vials	2	
Levemir Flexpen	2	
Levemir Flextouch	2	
Levemir Vials	2	
Novolin 70/30 Vials	2	
Novolin N Vials	2	
Novolin R Vials	2	
Novolog Flexpen	2	
Novolog Mix Flexpen	2	
Novolog Mix 70/30 Vials	2	
Novolog Penfill	2	
Novolog Vials	2	
Diabetes/Endocrine: Non-Insulin		
Byetta	2	QL, ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glyburide	1	
Glyburide/Metformin	1	
Invokamet	2	QL, ST
Invokana	2	QL, ST
Janumet	2	QL, ST
Janumet XR	2	QL, ST
Januvia	2	QL, ST
Jardiance	2	QL, ST
Jentadueto	2	QL, ST
Kombiglyze	2	QL, ST
Metformin	1	
Metformin ER	1	
Onglyza	2	QL, ST
Pioglitazone	1	QL
Tradjenta	2	QL, ST
Victoza	3	QL, ST
Endocrine: Growth Hormone		
Nutropin	2	PA, SP
Nutropin AQ	2	PA, SP
Saizen	2	PA, SP
Tev-Tropin	2	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Tab	1	
Lupron Depot 3.75 mg, 11.25 mg	3	PA, SP

Drug Name	Drug Tier	Programs and Limits
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA, SP
Methylprednisolone Tab	1	
Prednisolone Syrup, Solution 15 mg/5 ml	1	
Prednisone	1	
Sensipar	3	SP
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	2	
Eye Conditions: Allergies		
Azelastine Solution	1	
Pataday	2	
Patanol	2	QL
Eye Conditions: Antibiotics		
Ciprofloxacin	1	QL
Erythromycin Ointment	1	
Gentamicin	1	
Moxeza	2	QL
Polymyxin B/ Trimethoprim Solution	1	
Ofloxacin	1	QL
Tobramycin	1	
Tobramycin/ Dexamethasone	1	
Vigamox	2	QL
Eye Conditions: Glaucoma		
Alphagan P	2	QL
Azopt	2	QL
Brimonidine	1	
Combigan	2	QL
Dorzolamide-Timolol Maleate	1	
Latanoprost	1	QL
Lumigan	2	QL
Timolol	1	
Timoptic Ocudose	2	
Travatan Z	2	QL

Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Other		
Ketorolac Ophthalmic Solution	1	QL
Prednisolone Ophthalmic Suspension	1	
Restasis	3	PA
Gastrointestinal: Acid Suppression		
Carafate Suspension	2	
Dexilant	2	QL
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Nexium (Rx only)	2	QL
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	QL
Ondansetron Tab	1	QL
Transderm-Scop	3	
Gastrointestinal: Other		
Amitiza	2	QL, ST, AR
Apriso	2	QL
Asacol HD	3	QL
Canasa	2	QL
Creon	2	
Delzicol	3	QL
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Lialda	2	QL
Linzess	2	QL, ST, AR
Moviprep	3	QL
Omeclamox Pak	2	QL
Pentasa	3	QL
Polyethylene Glycol 3350	1	
Pylera	2	QL
Suclear Bowel Prep	3	QL
Suprep Bowel Prep	3	QL
Uceris	3	
Zenpep	2	

Drug Name	Drug Tier	Programs and Limits
HIV/AIDS		
Atripla	2	SP
Complera	2	SP
Epzicom	2	SP
Intelence	2	SP
Isentress	2	SP
Kaletra	2	SP
Norvir	2	SP
Prezista	2	SP
Reyataz	2	SP
Stribild	2	SP
Truvada	2	SP
Viread	2	SP
Infertility		
Follistim AQ	2	PA, SP
Gonal-f	2	PA, SP
Gonal-f RFF	2	PA, SP
Ovidrel	3	SP
Inflammatory Conditions		
Cimzia	2	PA, QL, SP
Humira Kit	2	PA, QL, SP
Humira Pen Kit	2	PA, QL, SP
Humira Pen Kit Crohns	2	PA, QL, SP
Humira Pen Kit Psoriasis	2	PA, QL, SP
Hydroxychloroquine	1	
Methotrexate Tab	1	
Orencia SC	3	PA, QL, ST, SP
Simponi	2	PA, QL, SP
Stelara	2	PA, QL, SP
Men's Health: Erectile Dysfunction		
Cialis	2	QL, AR, GR
Levitra	3	QL, AR, GR
Viagra	3	QL, AR, GR
Men's Health: Prostate		
Alfuzosin	1	QL
Avodart	2	QL
Doxazosin	1	
Finasteride 5 mg	1	QL
Jalyn	2	QL
Rapaflo	2	QL
Tamsulosin	1	QL
Terazosin	1	

Drug Name	Drug Tier	Programs and Limits
Men's Health: Testosterone Therapy		
Androderm	2	PA, QL, GR
Androgel	2	PA, QL, GR
Fortesta	3	PA, QL, GR
Testim	2	PA, QL, GR
Testosterone Cypionate IM Injection	1	PA
Miscellaneous		
Allopurinol	1	
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	1	
Aranesp	2	PA, SP
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Chantix	3	QL
Cheratussin	1	
Chlorhexidine	1	
Colcrys	2	QL
Epipen 2-Pak	2	QL
Euflexxa	2	PA, SP
Fosrenol	3	
Hydrocortisone AC Suppository 25 mg	1	
Hydromet	1	
Lidocaine Viscous Solution 2%	1	
Makena	2	PA, SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
Procrit	2	PA, SP
Promethazine DM Syrup	1	AR
Promethazine/Codeine Syrup	1	AR
Pulmozyme	2	SP
Rectiv	3	
Renvela Tab	2	
Rezira	3	
Suboxone Film	2	PA, QL
Synagis	2	PA, SP
Synvisc	2	PA, SP
Uloric	2	QL, ST
Velphoro	3	
Zubsolv	2	PA, QL
Zutripro	3	

Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Osteoporosis		
Actonel	3	QL
Alendronate Tab	1	
Evista	3	QL
Forteo	2	PA, SP
Ibandronate Tab	1	QL
Raloxifene	1	QL
Musculoskeletal: Other		
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab 5, 10 mg	1	
Metaxalone	1	
Methocarbamol	1	
Tizanidine	1	
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Cambia	3	QL
Celebrex	3	QL
Diclofenac Tab	1	QL
Endocet Tab	1	QL
Etodolac	1	QL
Fentanyl Patch	1	QL
Gralise	3	QL, ST
Hydrocodone w/ Ibuprofen Tab 7.5-200 mg	1	QL
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	QL
Indomethacin Cap	1	QL
Lazanda	3	PA, QL
Lidocaine Patch 5%	1	QL
Meloxicam	1	QL
Methadone Tab	1	
Morphine Sulfate ER Tab	1	QL
Nabumetone	1	QL
Naproxen (Rx only)	1	QL
Nucynta	3	QL
Nucynta ER	2	QL
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	
Oxycodone w/ Acetaminophen	1	QL

Drug Name	Drug Tier	Programs and Limits
Oxycontin	2	QL
Subsys	3	PA, QL
Tramadol Tab 50 mg	1	QL
Tramadol w/ Acetaminophen	1	QL
Vicodin	1	QL
Vicodin ES	1	QL
Voltaren Gel	2	QL
Overactive Bladder		
Enblex	3	QL
Gelnique	2	QL
Oxybutynin	1	
Oxybutynin ER	1	QL
Tolterodine ER	1	QL
Toviaz	3	QL
Vesicare	2	QL
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL
Albuterol Nebulizer Solution	1	
Asmanex	2	QL
Breo Ellipta	2	QL
Budesonide	1	
Combivent Respimat	2	QL
Dulera	3	QL, ST
Flovent Diskus	2	QL
Flovent HFA	2	QL
Foradil	2	QL, ST
Ipratropium/Albuterol	1	
Levalbuterol Nebulizer Solution	1	
Montelukast	1	QL
Perforomist	3	QL
Proair HFA	2	QL
Proventil	3	QL
Pulmicort Flexhaler	2	QL
Qvar	2	QL
Serevent Diskus	2	QL, ST
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Symbicort	2	QL
Tudorza Pressair	2	QL
Ventolin HFA	2	QL
Xolair	2	PA, SP
Xopenex HFA	3	QL

Drug Name	Drug Tier	Programs and Limits
Respiratory: Nasal Allergies		
Azelastine Spray	1	QL
Dymista Spray	3	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Nasonex	2	QL
Omnaris	3	QL
Triamcinolone Spray	1	QL
Veramyst	2	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Promethazine Tab	1	AR
Desloratadine	1	QL
Levocetirizine	1	QL
Loratadine	1	
Transplant		
Azathioprine	1	
Cellcept Tab/Suspension	3	SP
Cyclosporine Cap	1	SP
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
Prograf Cap	3	SP
Rapamune	3	SP
Tacrolimus Cap	1	SP
Vitamins/Electrolytes		
Cyanocobalamin Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con 8 and 10 MEQ	1	
Klor-Con M10 and M20	1	
Multi-Vit/FI Chew	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Vitamin D 50,000 Units (Rx only)	1	

Drug Name	Drug Tier	Programs and Limits
Women's Health: Birth Control		
Apri	1	GR
Aviane	1	GR
Beyaz	2	GR
Cryselle-28	1	GR
Generess Fe Chewable	3	GR
Gianvi	1	GR
Gildess Fe	1	GR
Jolivette	1	GR
Junel Fe	1	GR
Kariva	1	GR
Levora 28	1	GR
Lo Loestrin	3	GR
Loryna	1	GR
Low-Ogestrel	1	GR
Lutera	1	GR
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	GR
Microgestin Fe	1	GR
Minastrin 24 Fe Chewable	3	GR
Mononessa	1	GR
Natazia	2	GR
Necon	1	GR
Norgest/Ethi Estradio	1	GR
Nortrel	1	GR
Nuvaring	2	
Ocella	1	GR
Orsythia	1	GR
Ortho Tri-Cyclen Lo	3	GR
Previfem	1	GR
Reclipsen	1	GR
Safyral	2	GR
Sprintec 28	1	GR
Trinessa	1	GR
Tri-Sprintec	1	GR
Vestura	1	GR
Viorele	1	GR

Drug Name	Drug Tier	Programs and Limits
Women's Health: Hormone Replacement		
Climara Pro	2	QL, GR
Divigel	2	GR
Duavee	2	QL, GR
Enjuvia	3	QL, GR
Estrace Vaginal Cream	3	
Estradiol Tab	1	QL, GR
Estradiol/Norethindrone Tab	1	QL, GR
Medroxyprogesterone Acetate Tab	1	
Osphena	3	
Premarin Tab	2	QL, GR
Premarin Vaginal Cream	2	
Premphase	2	QL, GR
Prempro	2	QL, GR
Progesterone Cap	1	
Vagifem	3	GR
Vivelle-Dot	3	QL, GR
Women's Health: Vaginal Anti-Infectives		
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	QL

Contact us

When you have questions or issues, or just want to learn more about your plan, we're here to help. Visit us at **optumrx.com**.

Customer service and home delivery

To speak with a pharmacist or get general benefit information, home delivery refills or order information, call OptumRx at **1-866-328-2005 (TTY 711)**.

Refill emergencies

If you need help getting medications because of an emergency or natural disaster, call Customer Service. When allowed by your plan, we can help you refill immediately at a local pharmacy.



If you are having a medical crisis, call 911 or contact your local emergency assistance service immediately.

For your doctor

Prior authorization

Call **1-800-711-4555**, option 1
Fax 1-800-527-0531
8 a.m.–10 p.m. ET, Monday–Friday
9 a.m. –6 p.m. ET, Saturday

Specialty pharmacy

Call **1-866-218-5445**
Fax 1-800-853-3844



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AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

OptumRx, on behalf of itself and affiliated companies, uses this form to get your permission to use and/or disclose your protected health information (PHI) to your authorized representative. This authorization does not allow your authorized representative to make any of your treatment decisions or direct care decisions. If you want help with your health care and treatment decisions, you must get additional legal documentation.

Use this form to request authorization for the release of PHI, including patient profile or prescription records, to your authorized representative(s) named in Section 2 below. When filling out this form, provide your most current information.

1 Member information (please provide current information)

Last Name	First Name	MI
Mailing Street Address		Apt. #
City	State	ZIP
Member ID Number		
Date of Birth (mm/dd/yyyy)	Phone Number with Area Code	

2 Authorized representative's information

I authorize OptumRx to use and disclose my PHI to the person(s) or organization(s) named below. I understand that there are certain parties that must protect the privacy of my PHI. These are health care providers and other parties who are required to do so under federal or related state laws. If my authorized representative is not a health care provider or another party required to protect my PHI, it could be discussed and/or released by my authorized representative without my permission.

Authorized representative #1

Name	Phone Number with Area Code	
Mailing Street Address		Apt. #
City	State	ZIP
Relationship to Member		

Authorized representative #2

Name	Phone Number with Area Code	
Mailing Street Address		Apt. #
City	State	ZIP
Relationship to Member		

3 Description of information to use or disclose

Please describe the information covered by this authorization.

I understand that by leaving this section blank, I am authorizing the disclosure of all of my PHI, including my patient profile and pharmaceutical records, to my authorized representative(s).

Description:

4 Purpose of disclosure

The purpose of this authorization is to assist me in receiving my health plan benefits and make payments for my health plan benefits. If there are other purposes or reasons for this authorization, they are provided below.

Purpose:

5 Expiration and revocation

I understand that I have the right to end this authorization at any time. I understand that if I do not wish the person(s) named in Section 2 to remain my authorized representative, I must cancel this authorization **in writing** and send such notice to the address listed below. I understand that a cancellation of this authorization has no effect on disclosures or uses of PHI by OptumRx before receiving my cancellation notice.

I understand that this authorization will expire on (insert date): _____. If I do not provide an expiration date, I am aware that this authorization is valid for sixty (60) months from the date of my signature as noted below.

6 Authorization and signature of individual or individual's LEGAL representative

I have read and understand the content of this Authorization to Use and Disclose PHI. This authorization correctly describes my request of OptumRx. I understand that by signing this form, I am voluntarily giving my permission for OptumRx to use and/or disclose my PHI to the person(s) named in Section 2. Any services otherwise provided to me by OptumRx will not be affected by my decision to provide this authorization. I may refuse to sign, and OptumRx will not condition my treatment, payment, enrollment or eligibility for benefits on my decision to sign or not sign this authorization.

X _____ Date _____
Member Signature

X _____ Date _____
Witness Signature
(A witness signature is only needed if the member is unable to sign or the witness is an interpreter)

If this authorization is signed on the member's behalf by his/her legal representative, please **attach documentation of legal representative designation and complete the following:**

Legal Representative's Name	Date
Mailing Street Address	Apt. #
City	State
	ZIP
Relationship to Member	

7 Please mail the completed form to: OptumRx, Attn: A&G Correspondence Team, 3515 Harbor Boulevard, Mail Stop: CA 106-0245, Costa Mesa, CA 92626 or fax to 1-866-889-2116.

Please keep a copy of this form for your records. You also have the right to receive a copy of this authorization.