OPTUMRx™

# Your Pharmacy Benefits

# Retail pharmacies and Retail 90 Rx

A well-balanced pharmacy network offers you convenient access and competitive discounts for brand and generic medications. Our national retail pharmacy network includes more than 67,000 chain and independent retail pharmacies, so you're sure to find one close to home or work.

## Using your ID card

When you fill a prescription through a participating pharmacy, show the pharmacy your ID card so they can submit a claim for coverage by your pharmacy benefit plan. When you pick up your prescription, the pharmacy then collects your applicable member contribution as defined by your plan.

If you do not present your ID card or you fill a prescription at a non-participating pharmacy, you pay the full retail price for your medication. If the prescription is eligible for coverage under your pharmacy benefit plan, you may submit a claim to request reimbursement (forms are available at **optumrx** or by calling customer service).

When you submit a claim using the reimbursement form, OptumRx first determines if your plan covers the medication. If it is covered, the amount you receive is based on contracted pharmacy rates less your plan's out-of-pocket member contribution. All prescription claims are subject to your pharmacy benefit plan's rules and restrictions.

## Retail 90 Rx program

The Retail 90 Rx Program allows you to receive up to a three-month supply of your medication from more than 57,000 participating retail pharmacies. Like a traditional mail service pharmacy, you can avoid refilling a prescription every month while still getting personalized counsel from a local pharmacy professional. See your benefit plan documents for Retail 90 Rx copayment information.

To use Retail 90 Rx, talk with your doctor to see if the program is right for you. If it is, get a prescription written for up to a 90-day supply and take it to a participating Retail 90 Rx pharmacy. Please note, some medications are limited by law and cannot be dispensed as a three-month supply. Not all medications are eligible for this program.

## Finding a network pharmacy

You can choose from three easy ways to find participating pharmacies near you:

1. Review the partial list included on the following pages.
2. Go to our website and use the LOCATE A PHARMACY tool.
3. Contact customer service using the number on the back of your benefit plan member ID card.

### A

(90) AADP
(90) Aberdeen Area IHS
(90) Access Health
Accredo Health – Olsten Health
(90) AHS St. John Pharmacy
(90) Albertsons
(90) Albuquerque Area IHS
(90) American Drug - Albertsons
(90) American Pharmacy
Amerita
(90) Arete
(90) A-S Medication Solutions
(90) Aurora Pharmacy

### B

(90) Balls Four B
(90) Bartell Drugs
(90) Bashas
(90) Bemidji Area IHS
(90) Bi Lo - Winn Dixie
(90) Billins Area IHS
(90) Bi-Mart
(90) BioRx
(90) Brookshire
(90) Brookshire Brothers

### C

(90) Cardinal Health
Caremark – CVS Pharmacy
(90) Carrs - Albertsons
Central Dakota Pharmacies
Choctow Nation Health Care Center
Cigna Medical Group
(90) City Market - Kroger
(90) Clinic Pharmacies Kelsey Seybo
(90) Community Health Centers *Complete Claims Processing
(90) Cook County
(90) Costco
(90) CVS Pharmacy

### D

(90) Dallas Metrocare Services
(90) Denver Health
(90) Dillon - Kroger
(90) Discount Drug Mart
DMVA Pharmacies

### E

Elevate Provider
(90) E-MedRx Solutions
(90) Epic Pharmacy

### F

Fairview Pharmacy
Family Pharmacy
Fitzgerald's
(90) Food City
(90) Food Lion - Hannaford
(90) Fred Meyer - Kroger
(90) Fred's
(90) Fruth
(90) Fry's Food and Drug - Kroger

### G

(90) GeriMed LTC
(90) Giant Eagle
Global Pharmacy

## H

(90) H.E.B. Pharmacy
(90) Hannaford
(90) Harris County Hospital District
(90) Harris Teeter - Kroger
(90) Harvard Community Health Plan
(90) Health Partners – Access Health/ McKesson
(90) Henry Ford Health System
(90) HIP Pharmacy Services
(90) Homechoice Partners
(90) Horton & Converse
(90) Hy-Vee

## I

(90) Ihc Pharmacy Services
IHS Acquisition XXX
(90) Ingles
(90) Innovatix Network
(90) Inserra - Shoprite Supermarkets
(90) INSTYMEDS

## J

(90) JPS Health Network

## K

(90) KC Medical Management
(90) King Soopers - Kroger
(90) Kinney Drugs
(90) Klein's Family - Shoprite Supermarkets
(90) Klingensmiths
(90) K-Mart
(90) Kohll's
(90) Kroger

## L

(90) Leader - Cardinal Health
Leader Drug Stores – Cardinal Health
(90) LML - Shoprite Supermarkets
Long's – CVS Pharmacy

## M

(90) M K Stores
(90) Manatee County Rural Health
(90) Mariano's – Kroger
(90) Maricopa IHS
Marshfield Clinic
(90) MAXORXPRESS
(90) Mayo Clinic
(90) MDS Rx
(90) Med College VA
(90) Medicap – Cardinal Health
(90) Medicine Shoppe – Cardinal Health
(90) Meijer
(90) MHA Long Term Care
(90) Muscogee Creek Nation
MyRx

## N

(90) NAI Saturn Eastern – Albertsons
(90) Navajo Area IHS
(90) Navarro Discount - CVS Pharmacy
(90) NCPRx
Neighborcare – CVS/Omnicare
(90) New England Home Therapies
(90) Northeast Service Pharmacy

## O

(90) OK Area IHS
Omnicare – CVS/Omnicare
Oncology Pharmacy Services
(90) OPUS-ISM

## P

Pacific Medical Clinics
(90) Patient First
(90) Pharmacy Providers Of Oklahoma
Pharmerica
(90) Phoenix Area IHS
(90) Physicians' Pharmaceutical
(90) Planned Parenthood
(90) POC Network Technologies
Portland Area IHS
Presbyterian Medical Services
(90) Price Chopper House
Procare – CVS Pharmacy
(90) Progressive – Sav-Mor
Provider Services of America
(90) Publix Super Markets

## Q

(90) Quality Care Pharmacy NetwoRx
(90) Quality Food - Kroger
(90) Quick Chek

## R

(90) Raley's
(90) Ralph's - Kroger
(90) Randalls - Albertsons
Recept Pharmacy
(90) Red Cross Pharmacy
(90) Redners Markets
RightSource – Humana Pharmacy
(90) Rite Aid
(90) Ronetco - Shoprite Supermarkets
(90) Roundy's – Kroger
(90) Rural Health Care

## S

(90) Safeway - Albertsons
(90) Saker - Shoprite Supermarkets
(90) Sam's Club
(90) Santa Clara Valley Health
(90) Save Mart
(90) Sav-Mor
(90) Schnuck Markets
(90) Seip Drug
(90) Shaw's - Albertsons
(90) Shopko
(90) Shoprite Supermarkets
(90) Smith's Food & Drug - Kroger
(90) SRS - Shoprite Supermarkets
(90) Stop & Shop
(90) SuperValu
(90) Swift Rx

## T

- (90) Tampa Family Health Centers
- (90) Target - CVS Pharmacy
- (90) Tempest Med
- (90) Third Party
- (90) Third Party Station
- (90) Thrifty White Drug
- (90) Tom Thumb - Albertsons
- Tops Markets
- (90) Tucson Area IHS

## U

- (90) UCSD Medical Center Pharmacies
- (90) United Pharmacy - Albertsons
- (90) University of Kansas Hospital
- (90) University of Utah
- University of Virginia Health System

## V

- (90) Valley Wholesale Drug
- (90) Vantage Rx Dispensing Services
- (90) Village - Shoprite Supermarkets
- (90) Von's - Albertsons

## W

- (90) Walgreens
- (90) Walmart
- (90) Wegman's
- (90) Weis
- (90) Welgo
- (90) Winn Dixie
- (90) Wishard Health Services

## Y

- (90) Yakima Valley Farm Workers Clinic

## Z

- (90) Zallie - Shoprite Supermarkets

(90) All Pharmacy locations may not dispense 90 day supplies.

Many independent pharmacies also participate in Retail 90 Rx, and additional chains join monthly. To determine if your pharmacy participates, please go to **optumrx.com**, locate a pharmacy tool.

OPTUM®

**optumrx.com**

2300 Main Street, Irvine, CA 92614

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at **optum.com**.

OPTUMRx®

# Your 2019 Formulary

Effective July 1, 2019

**For the most current list of covered medications or if you have questions:**

Call the number on your member ID card.

Visit your plan's website on your member ID card to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

**Innoviant Select**

# Understanding your formulary

**What is a formulary?**
A formulary is a list of prescribed medications chosen by your plan for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

OptumRx® is guided by the Pharmacy and Therapeutics Committee (a group of doctors, nurses, and pharmacists) who review which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

**How do I use my formulary?**
You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the number on your member ID card.

**About this formulary**
Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

**What are tiers?**
Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

**When does the formulary change?**
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes 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.

**Why are some medications excluded from coverage?**
A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

**What if I don't agree with a decision about an excluded medication?**
You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card.

# Medication tips

**What is the difference between brand-name and generic medications?**
Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

**What if my doctor writes a brand-name prescription?**
If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

**Over-the-counter medications**
An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

**What if I am taking a specialty medication?**
Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. BriovaRx®, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx at **1-855-4BRIOVA (1-855-427-4682)** and have your prescriptions delivered right to your home or doctor's office.

# Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

**Tier information**

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

| Drug Tier | Includes | Helpful Tips |
|---|---|---|
| Tier 1 | $ **Lower-cost** generics and some brand-name | Use Tier 1 drugs for the lowest out-of-pocket costs. |
| Tier 2 | $$ **Mid-range cost** preferred brand-name | Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs. |
| Tier 3 | $$$ **Highest-cost** non-preferred | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |
| Tier i-G |  **Generic** specialty injectables | Check your benefit plan documents to find out your specific pharmacy plan costs. |
| Tier i-P |  **Preferred** specialty injectables | Check your benefit plan documents to find out your specific pharmacy plan costs. |
| Tier i-NP |  **Non-preferred** specialty injectables | Check your benefit plan documents to find out your specific pharmacy plan costs. |

**Drug list information**

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

| | |
|---|---|
| M | Authorized generic or cobranded product |
| PA | **Prior Authorization** – Your doctor is required to give OptumRx more information to determine coverage. |
| QL | **Quantity Limit** – Medication may be limited to a certain quantity. |
| SP | **Specialty Medication** – Medication is designated as specialty. |
| ST | **Step Therapy** – Must try lower-cost medication(s) before a higher-cost medication can be covered. |
| 3P | Tier 3 preferred |
| ++ | **Benefit Design Options** – Coverage is determined by your prescription medication benefit plan. |

**Table of Contents**

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Analgesics - Drugs for Pain** | | |
| acetaminophen-codeine #2 | 1 | QL |
| acetaminophen-codeine #3 | 1 | QL |
| acetaminophen-codeine #4 | 1 | QL |
| acetaminophen-codeine oral tablet | 1 | QL |
| apap-caff-dihydrocodeine oral capsule | 1 | QL |
| BELBUCA | 2 | PA; QL |
| butalbital-apap-caffeine oral capsule | 1 | |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 | |
| EMBEDA | 2 | PA; QL |
| fentanyl | 1 | PA; QL |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 | QL |
| hydromorphone hcl oral tablet | 1 | QL |
| HYSINGLA ER | 2 | PA; QL |
| morphine sulfate er oral tablet extended release | 1 | PA; QL |
| NUCYNTA | 3 | QL |
| oxycodone hcl oral tablet | 1 | QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 2 | PA; QL |
| ROXYBOND | 3 | QL |
| tramadol hcl ir | 1 | QL |
| tramadol-acetaminophen | 1 | QL |
| trezix oral capsule 320.5-30-16 mg | 1 | QL |
| **Analgesics - Drugs for Pain and Inflammation** | | |
| celecoxib oral | 1 | QL |
| diclofenac potassium | 1 | |
| diclofenac sodium oral | 1 | |
| diclofenac sodium transdermal gel 1 % | 1 | QL |
| etodolac oral tablet | 1 | |
| FLECTOR | 3 | QL |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| indomethacin oral | 1 | |
| ketorolac tromethamine oral | 1 | QL |
| meloxicam oral tablet | 1 | |
| nabumetone oral | 1 | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | 3 | |
| naproxen oral tablet | 1 | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| sulindac oral | 1 | |
| VIVLODEX | 3 | ST |
| ZORVOLEX | 3 | ST |
| **Anesthetics** | | |
| lidocaine external ointment | 1 | |
| lidocaine external patch 5 % | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| lidocaine-prilocaine external cream | 1 | |
| **Anti-Addiction / Substance Abuse Treatment Agents** | | |
| BUNAVAIL | 3 | QL |
| buprenorphine hcl sublingual | 1 | QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1 | QL |
| CHANTIX STARTING MONTH PAK | 3 | ++; QL |
| naltrexone hcl oral | 1 | |
| NARCAN | 2 | |
| SUBOXONE SUBLINGUAL FILM | 2 | QL |
| ZUBSOLV | 2 | QL |
| **Antibacterials** | | |
| amoxicillin oral capsule | 1 | |
| amoxicillin oral suspension reconstituted | 1 | |
| amoxicillin oral tablet | 1 | |
| amoxicillin-potassium clavulanate oral suspension reconstituted | 1 | |
| amoxicillin-potassium clavulanate oral tablet | 1 | |
| azithromycin oral suspension reconstituted | 1 | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 1 | |
| cefdinir | 1 | |
| cefuroxime axetil oral tablet | 1 | |
| cephalexin oral capsule | 1 | |
| cephalexin oral suspension reconstituted | 1 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ciprofloxacin hcl oral | 1 | |
| clarithromycin oral tablet | 1 | |
| clindamycin hcl oral | 1 | |
| CLINDESSE | 3 | |
| DIFICID | 3 | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg | 1 | |
| doxycycline monohydrate oral capsule | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| levofloxacin oral tablet | 1 | |
| metronidazole oral tablet | 1 | |
| metronidazole vaginal | 1 | |
| minocycline hcl oral capsule | 1 | |
| mupirocin external | 1 | |
| nitrofurantoin macrocrystal oral | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| penicillin v potassium oral tablet | 1 | |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 3 | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| XIFAXAN | 3 | PA |
| XIMINO | 3 | |
| **Anticoagulants** | | |
| BEVYXXA | 3 | QL |
| ELIQUIS | 2 | QL |
| ELIQUIS STARTER PACK | 2 | QL |
| enoxaparin sodium | i-G | SP; QL |
| PRADAXA | 2 | QL |
| SAVAYSA | 3 | QL |
| warfarin sodium oral | 1 | |
| XARELTO | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |
| **Anticonvulsants - Drugs for Seizures** | | |
| carbamazepine oral tablet | 1 | |
| divalproex sodium er oral tablet extended release 24 hour | 1 | |
| divalproex sodium oral tablet delayed release | 1 | |
| gabapentin oral capsule | 1 | |
| gabapentin oral tablet | 1 | |
| lamotrigine oral tablet | 1 | |
| levetiracetam oral tablet | 1 | |
| oxcarbazepine oral tablet | 1 | |
| phenytoin sodium extended | 1 | |
| topiramate oral tablet | 1 | |
| VIMPAT ORAL | 3 | |
| zonisamide oral | 1 | |
| **Antidementia Agents - Drugs for Alzheimer's Disease and Dementia** | | |
| donepezil hcl oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| memantine hcl oral tablet 10 mg, 5 mg | 1 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG | 2 | QL |
| **Antidepressants** | | |
| amitriptyline hcl oral | 1 | |
| bupropion hcl er (sr) | 1 | QL |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | QL |
| bupropion hcl oral | 1 | |
| citalopram hydrobromide oral tablet | 1 | |
| desvenlafaxine succinate er | 1 | QL |
| doxepin hcl oral capsule | 1 | |
| duloxetine hcl oral | 1 | QL |
| escitalopram oxalate oral tablet | 1 | |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral tablet | 1 | |
| fluvoxamine maleate | 1 | |
| FORFIVO XL | 3 | QL |
| mirtazapine oral tablet | 1 | |
| nortriptyline hcl oral capsule | 1 | |
| paroxetine hcl er | 1 | |
| paroxetine hcl oral tablet | 1 | |
| sertraline hcl oral tablet | 1 | |
| trazodone hcl oral tablet 100 mg | 1 | |
| TRINTELLIX | 3 | ST; QL |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| VIIBRYD ORAL TABLET | 3 | QL |
| VIIBRYD STARTER PACK | 3 | QL |
| **Antiemetics - Drugs for Nausea and Vomiting** | | |
| AKYNZEO ORAL | 3 | QL |
| meclizine hcl oral tablet | 1 | ++ |
| metoclopramide hcl oral tablet 5 mg | 1 | |
| ondansetron hcl oral tablet 24 mg | 1 | QL |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ondansetron odt | 1 | |
| prochlorperazine maleate oral | 1 | |
| VARUBI ORAL | 3 | QL |
| **Antifungals** | | |
| CRESEMBA ORAL | 3 | |
| fluconazole oral tablet | 1 | |
| GYNAZOLE-1 | 3 | |
| ketoconazole external cream | 1 | |
| ketoconazole external shampoo | 1 | |
| nystatin external cream | 1 | |
| nystatin mouth/throat | 1 | |
| terbinafine hcl oral | 1 | QL |
| terconazole vaginal cream | 1 | |
| **Antigout Agents** | | |
| allopurinol oral | 1 | |
| COLCHICINE ORAL TABLET | 3 | ST |
| COLCRYS | 2 | |
| ULORIC | 2 | ST |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ZURAMPIC | 3 | ST |
| **Antimigraine Agents** | | |
| AIMOVIG | 2 | PA; QL |
| eletriptan hydrobromide | 1 | QL |
| EMGALITY | 2 | PA; QL |
| MIGRANAL | 3 | QL |
| rizatriptan benzoate | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| **Antineoplastics - Drugs for Cancer** | | |
| anastrozole oral | 1 | |
| CABOMETYX | 2 | PA; SP; QL |
| capecitabine | 1 | PA; SP |
| IBRANCE | 3 | PA; SP; QL |
| IDHIFA | 3 | PA; SP; QL |
| letrozole oral | 1 | |
| mercaptopurine oral | 1 | SP |
| REVLIMID | 2 | PA; SP |
| SPRYCEL | 2 | PA; SP; QL |
| tamoxifen citrate oral | 1 | |
| XTANDI | 3 | PA; SP |
| YONSA | 3 | PA; SP |
| **Antiparasitics** | | |
| EMVERM | 2 | |
| hydroxychloroquine sulfate oral | 1 | |
| permethrin external cream | 1 | |
| SOLOSEC | 3 | |
| **Antiparkinson Agents** | | |
| benztropine mesylate oral | 1 | |
| carbidopa-levodopa oral tablet | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| pramipexole dihydrochloride | 1 | |
| ropinirole hcl | 1 | |
| RYTARY | 3 | ST |
| ZELAPAR | 3 | |
| **Antiplatelets** | | |
| BRILINTA | 2 | |
| cilostazol | 1 | |
| clopidogrel bisulfate oral | 1 | |
| ZONTIVITY | 3 | |
| **Antipsychotics - Drugs for Mood Disorders** | | |
| aripiprazole oral tablet | 1 | QL |
| haloperidol oral | 1 | |
| LATUDA | 3 | QL |
| olanzapine oral tablet | 1 | QL |
| quetiapine fumarate | 1 | QL |
| REXULTI | 3 | QL |
| risperidone oral tablet | 1 | QL |
| SAPHRIS | 2 | QL |
| VRAYLAR | 3 | ST; QL |
| ziprasidone hcl | 1 | QL |
| **Antivirals** | | |
| abacavir sulfate-lamivudine | 1 | SP |
| acyclovir oral tablet | 1 | |
| ATRIPLA | 3 | ST; SP |
| CIMDUO | 2 | SP |
| COMPLERA | 2 | SP |
| DESCOVY | 3 | SP |
| entecavir | 1 | SP; QL |
| EPCLUSA | 2 | PA; SP; QL |
| GENVOYA | 3 | SP |
| HARVONI | 2 | PA; SP; QL |
| INTELENCE | 2 | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ISENTRESS ORAL TABLET | 2 | SP |
| JULUCA | 2 | SP |
| MAVYRET | 2 | PA; SP; QL |
| NORVIR ORAL TABLET | 3 | SP |
| ODEFSEY | 3 | SP |
| oseltamivir phosphate oral | 1 | QL |
| PREZCOBIX | 2 | SP |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 2 | SP |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG | 3 | SP |
| STRIBILD | 3 | SP |
| SYMFI | 2 | SP |
| SYMFI LO | 2 | SP |
| TAMIFLU ORAL CAPSULE 75 MG | 3 | QL |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | 3 | QL |
| tenofovir disoproxil fumarate | 1 | SP |
| TIVICAY | 2 | SP |
| TRIUMEQ | 2 | SP |
| TRUVADA | 2 | SP |
| valacyclovir hcl oral | 1 | QL |
| VOSEVI | 2 | PA; SP; QL |
| XOFLUZA | 3 | QL |
| ZOVIRAX EXTERNAL CREAM | 2 | |
| ZOVIRAX EXTERNAL OINTMENT | 3 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Anxiolytics - Drugs for Anxiety** | | |
| alprazolam oral tablet | 1 | QL |
| buspirone hcl oral | 1 | |
| clonazepam oral tablet | 1 | QL |
| diazepam oral tablet | 1 | |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine pamoate oral | 1 | |
| lorazepam oral tablet | 1 | QL |
| triazolam | 1 | QL |
| **Bipolar Agents - Drugs for Mood Disorders** | | |
| lithium carbonate er | 1 | |
| lithium carbonate oral capsule | 1 | |
| **Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders** | | |
| ADYNOVATE | i-P | SP |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | i-P | SP |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | i-P | PA; SP; QL |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | i-P | PA; SP; QL |
| ELOCTATE | i-P | SP |
| JIVI | i-P | SP |
| KOGENATE FS | i-P | SP |
| KOVALTRY | i-P | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| MULPLETA | 2 | PA; SP |
| NEULASTA ONPRO | i-P | PA; SP; QL |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | i-P | PA; SP; QL |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | i-P | PA; SP; QL |
| NOVOEIGHT | i-P | SP |
| NUWIQ | i-P | SP |
| PROCRIT | i-P | PA; SP; QL |
| UDENYCA | i-P | PA; SP; QL |
| ZARXIO | i-P | PA; SP; QL |
| **Cardiovascular Agents - Drugs for Heart and Circulation Conditions** | | |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | |
| amlodipine besylate-benazepril hcl | 1 | |
| amlodipine besylate-valsartan | 1 | |
| amlodipine-olmesartan | 1 | |
| atenolol oral | 1 | |
| atenolol-chlorthalidone | 1 | |
| atorvastatin calcium oral | 1 | |
| benazepril hcl oral | 1 | |
| benazepril-hydrochlorothiazide | 1 | |
| bisoprolol fumarate | 1 | |
| bisoprolol-hydrochlorothiazide | 1 | |
| bumetanide oral | 1 | |
| BYSTOLIC | 2 | |
| BYVALSON | 2 | |
| cartia xt | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| carvedilol | 1 | |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 | |
| choline fenofibrate | 1 | |
| clonidine hcl oral | 1 | |
| CORLANOR | 3 | PA; QL |
| digoxin oral tablet | 1 | |
| diltiazem hcl er beads | 1 | |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 1 | |
| diltiazem hcl oral | 1 | |
| doxazosin mesylate oral | 1 | |
| EDARBI | 3 | ST |
| EDARBYCLOR | 3 | ST |
| enalapril maleate oral | 1 | |
| ENTRESTO | 2 | QL |
| ezetimibe | 1 | |
| ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg | 1 | |
| ezetimibe-simvastatin oral tablet 10-80 mg | 1 | PA |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg | 1 | |
| fenofibrate oral tablet | 1 | |
| fenofibric acid oral capsule delayed release | 1 | |
| flecainide acetate | 1 | |
| furosemide oral tablet | 1 | |
| gemfibrozil oral | 1 | |
| guanfacine hcl oral | 1 | |
| hydralazine hcl oral | 1 | |
| hydrochlorothiazide oral | 1 | |
| irbesartan | 1 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| irbesartan-hydrochlorothiazide | 1 | |
| isosorbide mononitrate er | 1 | |
| labetalol hcl oral | 1 | |
| lisinopril oral | 1 | |
| lisinopril-hydrochlorothiazide | 1 | |
| LIVALO | 3 | ST |
| losartan potassium | 1 | |
| losartan potassium-hctz | 1 | |
| lovastatin | 1 | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral | 1 | |
| MULTAQ | 3 | |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | 1 | |
| niacin er (antihyperlipidemic) | 1 | |
| nifedipine er | 1 | |
| nifedipine er osmotic release | 1 | |
| nitroglycerin sublingual | 1 | |
| olmesartan medoxomil oral | 1 | |
| olmesartan medoxomil-hctz | 1 | |
| omega-3-acid ethyl esters | 1 | |
| pentoxifylline er | 1 | |
| PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | i-P | PA; SP; QL |
| pravastatin sodium | 1 | |
| prazosin hcl oral | 1 | |
| propranolol hcl er | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| propranolol hcl oral tablet | 1 | |
| quinapril hcl | 1 | |
| ramipril | 1 | |
| RANEXA | 2 | ST |
| REPATHA | i-P | PA; SP; QL |
| REPATHA PUSHTRONEX SYSTEM | i-P | PA; SP; QL |
| REPATHA SURECLICK | i-P | PA; SP; QL |
| rosuvastatin calcium | 1 | |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | |
| simvastatin oral tablet 80 mg | 1 | PA |
| sotalol hcl oral | 1 | |
| spironolactone oral | 1 | |
| TEKTURNA | 2 | ST |
| TEKTURNA HCT | 2 | ST |
| telmisartan | 1 | |
| torsemide oral | 1 | |
| triamterene-hctz oral capsule 37.5-25 mg | 1 | |
| triamterene-hctz oral tablet | 1 | |
| valsartan | 1 | |
| valsartan-hydrochlorothiazide | 1 | |
| VASCEPA | 2 | |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | 1 | |
| verapamil hcl oral | 1 | |
| **Central Nervous System Agents - Drugs for Attention Deficit Disorder** | | |
| ADDERALL XR | 3 | ST; QL |
| amphetamine-dextroamphetamine | 1 | QL |
| amphetamine-dextroamphetamine er | 1 | QL |
| atomoxetine hcl | 1 | QL |
| COTEMPLA XR-ODT | 3 | ST; QL |
| dexmethylphenidate hcl | 1 | QL |
| dexmethylphenidate hcl er | 1 | QL |
| guanfacine hcl er | 1 | |
| methylphenidate hcl er | 1 | QL |
| methylphenidate hcl oral tablet | 1 | QL |
| VYVANSE | 2 | QL |
| **Central Nervous System Agents - Drugs for Multiple Sclerosis** | | |
| AMPYRA | 3 | PA; SP; QL |
| AUBAGIO | 3 | PA; SP; QL |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | i-P | PA; SP; QL |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | i-P | PA; SP; QL |
| AVONEX VIAL INTRAMUSCULAR KIT | i-P | PA; SP; QL |
| BETASERON SUBCUTANEOUS KIT | i-P | PA; SP; QL |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | i-P | PA; SP; QL |
| GILENYA | 3 | PA; 3P; SP; QL |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | i-NP | PA; SP; QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | i-NP | PA; SP; QL |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | i-NP | PA; SP; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | i-NP | PA; SP; QL |
| TECFIDERA | 2 | PA; SP; QL |
| **Central Nervous System Agents - Miscellaneous** | | |
| ADDYI | 3 | ++; QL |
| AUSTEDO | 3 | PA; SP; QL |
| CONTRAVE | 2 | ++ |
| GRALISE | 3 | ST; QL |
| GRALISE STARTER | 3 | ST; QL |
| HORIZANT ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| LYRICA ORAL CAPSULE | 2 | QL |
| phentermine hcl oral capsule 30 mg | 1 | ++ |
| phentermine hcl oral tablet | 1 | ++ |
| SAXENDA | 3 | ++ |
| **Dental and Oral Agents - Drugs for Mouth and Throat Conditions** | | |
| chlorhexidine gluconate mouth/throat | 1 | |
| lidocaine viscous | 1 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Dermatological Agents - Drugs for Skin Conditions** | | |
| ABSORICA | 3 | PA |
| ACZONE EXTERNAL GEL 7.5 % | 2 | |
| adapalene external gel | 1 | ++ |
| claravis | 1 | PA |
| clindamycin phosphate-benzoyl peroxide external gel 1-5 % | 1 | |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |
| CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL | 3 | ST; M |
| clindamycin phosphate gel 1 % external | 1 | |
| clotrimazole-betamethasone external cream | 1 | |
| DUPIXENT | i-P | PA; SP; QL |
| ENSTILAR | 3 | QL |
| EPIDUO | 3 | |
| EPIDUO FORTE | 3 | |
| EUCRISA | 2 | ST |
| FLUOROPLEX | 3 | |
| METROGEL EXTERNAL GEL | 3 | |
| metronidazole external gel | 1 | |
| MIRVASO | 2 | |
| myorisan | 1 | PA |
| ONEXTON | 3 | |
| ORACEA | 3 | |
| OXSORALEN ULTRA | 2 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| QBREXZA | 3 | QL |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % | 2 | ++ |
| SOOLANTRA | 2 | |
| TACLONEX | 3 | QL |
| tretinoin external cream | 1 | ++ |
| VECTICAL | 3 | |
| ZYCLARA | 3 | |
| ZYCLARA PUMP | 3 | |
| **Diabetes - Antidiabetic Agents** | | |
| BYDUREON BCISE AUTOINJECTOR | 2 | ST; QL |
| BYDUREON PEN | 2 | ST; QL |
| BYETTA 10 MCG PEN | 2 | ST; QL |
| BYETTA 5 MCG PEN | 2 | ST; QL |
| FARXIGA | 3 | ST |
| glimepiride | 1 | |
| glipizide er | 1 | |
| glipizide ir | 1 | |
| glipizide xl | 1 | |
| glyburide oral | 1 | |
| glyburide-metformin | 1 | |
| GLYXAMBI | 2 | ST |
| INVOKAMET | 2 | ST |
| INVOKAMET XR | 2 | ST |
| INVOKANA | 2 | ST |
| JANUMET | 2 | ST |
| JANUMET XR | 2 | ST |
| JANUVIA | 2 | ST |
| JARDIANCE | 2 | ST |
| JENTADUETO | 2 | ST |
| JENTADUETO XR | 2 | ST |
| metformin hcl er | 1 | |
| metformin hcl er (mod) | 1 | PA |
| metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg | 1 | |
| metformin hcl oral tablet | 1 | |
| ONGLYZA | 3 | ST |
| OZEMPIC | 2 | ST; QL |
| pioglitazone hcl | 1 | |
| SOLIQUA | 2 | ST; QL |
| SYNJARDY | 2 | ST |
| SYNJARDY XR | 2 | ST |
| TRADJENTA | 2 | ST |
| TRULICITY | 2 | ST; QL |
| VICTOZA | 2 | ST; QL |
| **Diabetes - Glucose Monitoring** | | |
| ACCU-CHEK AVIVA CONNECT KIT W/DEVICE | 2 | ++ |
| ACCU-CHEK AVIVA PLUS | 2 | ++ |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | 2 | ++; QL |
| ACCU-CHEK COMPACT PLUS CARE KIT | 2 | ++ |
| ACCU-CHEK COMPACT PLUS TEST STRIPS | 2 | ++; QL |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | ++ |
| ACCU-CHEK FASTCLIX LANCETS | 2 | ++ |
| ACCU-CHEK GUIDE | 2 | ++ |
| ACCU-CHEK GUIDE TEST STRIPS | 2 | ++; QL |
| ACCU-CHEK MULTICLIX LANCET DEVICE KIT | 2 | ++ |
| ACCU-CHEK MULTICLIX LANCETS | 2 | ++ |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE | 2 | ++ |
| ACCU-CHEK SMARTVIEW TEST STRIPS | 2 | ++; QL |
| ACCU-CHEK SOFT TOUCH LANCETS | 2 | ++ |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 2 | ++ |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | ++ |
| BAYER CONTOUR MONITOR KIT | 3 | ++ |
| BAYER CONTOUR NEXT MONITOR | 3 | ++ |
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) | 3 | ++ |
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE | 3 | ++ |
| ONETOUCH ULTRA 2 KIT W/DEVICE | 2 | ++ |
| ONETOUCH ULTRA BLUE TEST STRIPS | 2 | ++; QL |
| ONETOUCH ULTRA MINI KIT W/DEVICE | 2 | ++ |
| ONE TOUCH VERIO KIT W/DEVICE | 2 | ++ |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | 2 | ++ |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE | 2 | ++ |
| ONETOUCH VERIO STRIP IN VITRO | 2 | ++; QL |
| ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE | 2 | ++ |
| V-GO 20 | 2 | ++ |
| V-GO 30 | 2 | ++ |
| V-GO 40 | 2 | ++ |
| **Diabetes - Glycemic Agents** | | |
| GLUCAGON EMERGENCY | 2 | |
| **Diabetes - Insulins** | | |
| HUMALOG U-100 AND U-200 KWIKPEN | 2 | ++ |
| HUMALOG MIX 50/50 KWIKPEN | 2 | ++ |
| HUMALOG MIX 50/50 VIAL | 2 | ++ |
| HUMALOG MIX 75/25 KWIKPEN | 2 | ++ |
| HUMALOG MIX 75/25 VIAL | 2 | ++ |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | ++ |
| HUMALOG U-100 VIAL AND CARTRIDGE | 2 | ++ |
| HUMULIN 70/30 KWIKPEN | 2 | ++ |
| HUMULIN 70/30 VIAL | 2 | ++ |
| HUMULIN N KWIKPEN | 2 | ++ |
| HUMULIN N VIAL | 2 | ++ |
| HUMULIN R U-500 KWIKPEN | 2 | ++ |
| HUMULIN R U-500 VIAL (CONCENTRATED) | 2 | ++ |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| HUMULIN R VIAL | 2 | ++ |
| LANTUS U-100 SOLOSTAR | 2 | ++ |
| LANTUS U-100 VIAL | 2 | ++ |
| LEVEMIR U-100 FLEXTOUCH | 2 | ++ |
| LEVEMIR U-100 VIAL | 2 | ++ |
| NOVOFINE AUTOCOVER PEN NEEDLE | 2 | ++ |
| NOVOFINE PEN NEEDLE 32G X 6 MM | 2 | ++ |
| NOVOFINE PLUS PEN NEEDLE | 2 | ++ |
| NOVOLIN 70/30 VIAL | 2 | ++ |
| NOVOLIN N VIAL | 2 | ++ |
| NOVOLIN R VIAL | 2 | ++ |
| NOVOLOG U-100 FLEXPEN | 2 | ++ |
| NOVOLOG MIX 70/30 FLEXPEN | 2 | ++ |
| NOVOLOG MIX 70/30 VIAL | 2 | ++ |
| NOVOLOG U-100 PENFILL | 2 | ++ |
| NOVOLOG U-100 VIAL | 2 | ++ |
| NOVOTWIST PEN NEEDLE 32G X 5 MM | 2 | ++ |
| TOUJEO MAX SOLOSTAR | 2 | ++ |
| TOUJEO SOLOSTAR | 2 | ++ |
| TRESIBA FLEXTOUCH | 2 | ++ |
| **Electrolytes / Minerals / Metals / Vitamins** | | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | ++ |
| ergocalciferol oral capsule | 1 | ++ |
| folic acid oral tablet 1 mg | 1 | ++ |
| klor-con m20 | 1 | |
| LOKELMA | 3 | |
| potassium chloride crys er | 1 | |
| potassium chloride er | 1 | |
| potassium citrate er | 1 | |
| VELTASSA | 3 | |
| vitamin d (ergocalciferol) oral capsule 50000 unit | 1 | ++ |
| **Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer** | | |
| omeprazole oral capsule delayed release | 1 | QL |
| pantoprazole sodium oral | 1 | QL |
| sucralfate oral tablet | 1 | |
| **Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions** | | |
| CLENPIQ | 3 | |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl oral tablet | 1 | |
| diphenoxylate-atropine oral tablet | 1 | |
| gavilyte-g | 1 | |
| LINZESS | 2 | ST; QL |
| MOVANTIK | 2 | ST; QL |
| MOVIPREP | 3 | |
| OMECLAMOX-PAK | 2 | |
| PLENVU | 3 | |
| PREPOPIK | 3 | |
| PYLERA | 2 | |
| SUPREP BOWEL PREP KIT | 3 | |
| SYMPROIC | 2 | ST; QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| VIBERZI | 3 | PA; QL |
| **Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment** | | |
| CERDELGA | 3 | PA; SP |
| CREON | 2 | |
| NITYR | 3 | PA; SP |
| STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML | i-P | PA; SP |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 2 | |
| **Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions** | | |
| AURYXIA | 3 | |
| CIALIS | 3 | ++; QL |
| DEPEN TITRATABS | 2 | SP |
| INTRAROSA | 3 | |
| LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | ++; QL |
| MYRBETRIQ | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral tablet | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 | ++; QL |
| STENDRA | 3 | ++; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| tolterodine tartrate er | 1 | |
| TOVIAZ | 3 | |
| VELPHORO | 3 | |
| VESICARE | 2 | ST |
| **Genitourinary Agents - Drugs for Prostate Conditions** | | |
| alfuzosin hcl er | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| RAPAFLO | 3 | |
| tamsulosin hcl | 1 | |
| terazosin hcl oral | 1 | |
| **Hormonal Agents - Adrenal** | | |
| betamethasone valerate external cream | 1 | |
| clobetasol propionate external cream | 1 | |
| clobetasol propionate external ointment | 1 | |
| clobetasol propionate external solution | 1 | |
| CLOBEX | 3 | |
| CLOBEX SPRAY | 3 | |
| dexamethasone oral solution | 1 | |
| dexamethasone oral tablet | 1 | |
| fluocinonide external cream | 1 | |
| hydrocortisone external cream 1 %, 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| hydrocortisone oral | 1 | |
| methylprednisolone oral | 1 | |
| mometasone furoate external cream | 1 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| prednisolone oral solution | 1 | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |
| SERNIVO | 3 | |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external ointment | 1 | |
| **Hormonal Agents - Men's Health** | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 2 | PA |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | 3 | PA |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 | PA |
| **Hormonal Agents - Osteoporosis** | | |
| OSPHENA | 3 | |
| raloxifene hcl | 1 | |
| **Hormonal Agents - Pituitary** | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | i-P | PA; ++; SP |
| GONAL-F | i-P | PA; ++; SP |
| GONAL-F RFF | i-P | PA; ++; SP |
| GONAL-F RFF REDIJECT | i-P | PA; ++; SP |
| HP ACTHAR | i-P | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | i-P | PA; SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | i-P | PA; SP |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | i-P | PA; SP |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | i-P | PA; SP |
| NOCDURNA | 3 | |
| NORDITROPIN FLEXPRO | i-P | PA; ++; SP |
| NUTROPIN AQ NUSPIN 10 | i-P | PA; ++; SP |
| NUTROPIN AQ NUSPIN 20 | i-P | PA; ++; SP |
| NUTROPIN AQ NUSPIN 5 | i-P | PA; ++; SP |
| OMNITROPE SUBCUTANEOUS SOLUTION | i-P | PA; ++; SP |
| ORILISSA | 2 | PA; QL |
| OVIDREL | i-P | ++; SP |
| **Hormonal Agents - Sex Hormones and Birth Control** | | |
| apri | 1 | ++ |
| aviane | 1 | ++ |
| blisovi 24 fe | 1 | ++ |
| blisovi fe 1.5/30 | 1 | ++ |
| blisovi fe 1/20 | 1 | ++ |
| CLIMARA PRO | 2 | |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| cryselle-28 | 1 | ++ |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM | 3 | |
| drospirenone-ethinyl estradiol | 1 | ++ |
| DUAVEE | 2 | |
| ELESTRIN | 3 | |
| ENDOMETRIN | 2 | ++ |
| enskyce oral tablet 0.15-30 mg-mcg | 1 | ++ |
| estradiol oral | 1 | |
| estradiol transdermal | 1 | |
| estradiol vaginal cream | 1 | |
| gianvi | 1 | ++ |
| IMVEXXY MAINTENANCE PACK | 3 | |
| IMVEXXY STARTER PACK | 3 | |
| junel 1/20 | 1 | ++ |
| junel fe 1.5/30 | 1 | ++ |
| junel fe 1/20 | 1 | ++ |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1 | ++ |
| LO LOESTRIN FE | 3 | ++ |
| loryna | 1 | ++ |
| low-ogestrel | 1 | ++ |
| MAKENA INTRAMUSCULAR | i-P | PA; SP |
| medroxyprogesterone acetate intramuscular | 1 | ++; QL |
| medroxyprogesterone acetate oral | 1 | |
| microgestin 1.5/30 | 1 | ++ |
| microgestin 1/20 | 1 | ++ |
| microgestin fe 1/20 | 1 | ++ |
| MINIVELLE | 3 | |
| mono-linyah | 1 | ++ |
| mononessa | 1 | ++ |
| NATAZIA | 2 | ++ |
| nikki | 1 | ++ |
| norethindrone acet-ethinyl est oral tablet | 1 | ++ |
| norethindrone oral | 1 | ++ |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | 1 | ++ |
| norgestimate-ethinyl estradiol triphasic | 1 | ++ |
| nortrel 1/35 (21) | 1 | ++ |
| nortrel 1/35 (28) | 1 | ++ |
| NUVARING | 2 | ++ |
| ocella | 1 | ++ |
| portia-28 | 1 | ++ |
| PREMARIN ORAL | 2 | |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| progesterone micronized oral | 1 | |
| sprintec 28 | 1 | ++ |
| tri-estarylla | 1 | ++ |
| tri-linyah | 1 | ++ |
| tri-lo-marzia | 1 | ++ |
| tri-previfem | 1 | ++ |
| tri-sprintec | 1 | ++ |
| vienva | 1 | ++ |
| viorele | 1 | ++ |
| xulane | 1 | ++ |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| yuvafem | 1 | |
| **Hormonal Agents - Thyroid** | | |
| ARMOUR THYROID | 3 | ST |
| levo-t | 1 | |
| levothyroxine sodium oral | 1 | |
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG | 3 | ST |
| SYNTHROID | 3 | ST |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| **Immunological Agents - Drugs for Immune System Stimulation or Suppression** | | |
| ACTEMRA | i-P | PA; 3P; SP |
| ACTEMRA ACTPEN | i-P | PA; 3P; SP |
| azathioprine oral | 1 | |
| CIMZIA PREFILLED KIT | i-P | PA; SP |
| CIMZIA STARTER KIT | i-P | PA; SP |
| CIMZIA VIAL KIT | i-P | PA; SP |
| COSENTYX 150 MG/ML | i-P | PA; 3P; SP |
| COSENTYX 300 DOSE | i-P | PA; 3P; SP |
| COSENTYX SENSOREADY 300 DOSE | i-P | PA; 3P; SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | i-P | PA; 3P; SP |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | i-NP | PA; SP |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | i-NP | PA; SP |
| FIRAZYR | i-P | PA; SP |
| HAEGARDA | i-P | PA; SP |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | i-P | PA; SP |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | i-P | PA; SP |
| HUMIRA PEN-CD/UC/HS STARTER | i-P | PA; SP |
| HUMIRA PEN-PS/UV/ADOL HS START | i-P | PA; SP |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT | i-P | PA; SP |
| INFLECTRA | i-P | PA; SP |
| methotrexate oral | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral capsule | 1 | SP |
| mycophenolate mofetil oral tablet | 1 | SP |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| mycophenolate sodium | 1 | SP |
| OTEZLA ORAL TABLET | 2 | PA; SP |
| OTEZLA ORAL TABLET THERAPY PACK | 2 | PA; SP |
| PROGRAF ORAL CAPSULE | 3 | SP |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 2 | PA; QL |
| RENFLEXIS | i-P | PA; SP |
| RUCONEST | i-P | PA; SP |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | i-P | PA; SP |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | i-P | PA; SP |
| STELARA INTRAVENOUS | i-P | PA; SP |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | i-P | PA; SP |
| tacrolimus oral | 1 | SP |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | i-P | PA; SP |
| XELJANZ | 3 | PA; 3P; SP |
| XELJANZ XR | 3 | PA; 3P; SP |
| **Inflammatory Bowel Disease Agents** | | |
| APRISO | 2 | |
| DIPENTUM | 3 | |
| LIALDA | 3 | ST |
| mesalamine oral | 1 | |
| PENTASA | 3 | |
| PROCTOFOAM HC | 2 | |
| sulfasalazine oral tablet | 1 | |
| UCERIS | 3 | |
| **Metabolic Bone Disease Agents - Drugs for Osteoporosis** | | |
| alendronate sodium oral tablet 10 mg, 40 mg, 5 mg | 1 | |
| alendronate sodium oral tablet 35 mg, 70 mg | 1 | QL |
| BINOSTO | 3 | QL |
| calcitriol oral capsule | 1 | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | i-P | PA; SP |
| ibandronate sodium oral | 1 | QL |
| RAYALDEE | 3 | |
| TYMLOS | i-P | PA; SP |
| **Miscellaneous Therapeutic Agents** | | |
| BOTOX | i-NP | PA; Non-Cosmetic; SP |
| CETYLEV | 3 | |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | i-P | PA; SP |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | i-P | PA; SP |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | i-P | PA; SP |
| TAKHZYRO | i-P | PA; SP |
| **Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation** | | |
| AZASITE | 3 | |
| BESIVANCE | 3 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| erythromycin ophthalmic | 1 | |
| gentamicin sulfate ophthalmic solution | 1 | |
| ketorolac tromethamine ophthalmic | 1 | |
| MOXEZA | 2 | |
| moxifloxacin hcl ophthalmic | 1 | |
| ofloxacin ophthalmic | 1 | |
| olopatadine hcl ophthalmic | 1 | |
| PAZEO | 2 | |
| prednisolone acetate ophthalmic | 1 | |
| PROLENSA | 2 | QL |
| tobramycin ophthalmic | 1 | |
| **Ophthalmic Agents - Drugs for Glaucoma** | | |
| ALPHAGAN P | 2 | |
| AZOPT | 2 | |
| BETIMOL | 3 | |
| brimonidine tartrate ophthalmic | 1 | |
| COMBIGAN | 2 | |
| COSOPT PF | 3 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| dorzolamide hcl-timolol mal | 1 | |
| latanoprost ophthalmic | 1 | QL |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | QL |
| RHOPRESSA | 2 | |
| SIMBRINZA | 2 | |
| timolol maleate ophthalmic solution | 1 | |
| TIMOPTIC OCUDOSE | 3 | |
| TRAVATAN Z | 2 | QL |
| ZIOPTAN | 3 | QL |
| **Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions** | | |
| LASTACAFT | 3 | ST |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| polymyxin b-trimethoprim | 1 | |
| RESTASIS | 2 | PA |
| RESTASIS MULTIDOSE | 2 | PA |
| tobramycin-dexamethasone | 1 | |
| XIIDRA | 2 | PA |
| **Otic Agents - Drugs for Ear Conditions** | | |
| CIPRODEX | 2 | |
| neomycin-polymyxin-hc otic | 1 | |
| ofloxacin otic | 1 | |
| OTOVEL | 3 | |
| **Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold** | | |
| ASTEPRO NASAL SOLUTION 0.15 % | 3 | QL |
| azelastine hcl nasal | 1 | QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| benzonatate | 1 | |
| DYMISTA | 2 | QL |
| hydrocodone polst-cpm polst er oral suspension extended release | 1 | PA; QL |
| ipratropium bromide nasal | 1 | |
| promethazine hcl oral tablet | 1 | |
| promethazine-codeine oral syrup | 1 | PA; QL |
| promethazine-dm | 1 | |
| pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml | 1 | |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | i-NP | PA; SP |
| **Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions** | | |
| ADVAIR DISKUS | 2 | QL |
| ADVAIR HFA | 2 | QL |
| albuterol sulfate inhalation | 1 | QL |
| ANORO ELLIPTA | 2 | QL |
| ARNUITY ELLIPTA | 2 | QL |
| ATROVENT HFA | 3 | QL |
| BREO ELLIPTA | 2 | QL |
| budesonide inhalation | 1 | QL |
| COMBIVENT RESPIMAT | 2 | QL |
| EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML | 1 | Made by Impax; M |
| EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML | 1 | Made by Impax; M |
| EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML | 1 | Made by Mylan |
| EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION | 1 | Made by Mylan |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 2 | ST |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | ST |
| FLOVENT DISKUS | 2 | QL |
| FLOVENT HFA | 2 | QL |
| INCRUSE ELLIPTA | 2 | QL |
| ipratropium bromide inhalation | 1 | QL |
| ipratropium-albuterol | 1 | QL |
| LONHALA MAGNAIR REFILL KIT | 3 | QL |
| LONHALA MAGNAIR STARTER KIT | 3 | QL |
| montelukast sodium oral tablet | 1 | |
| montelukast sodium oral tablet chewable | 1 | |
| PROAIR HFA | 2 | QL |
| PROAIR RESPICLICK | 2 | QL |
| PROVENTIL HFA | 3 | ST; QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

| Drug Name | Drug Tier | Notes |
|---|---|---|
| PULMICORT FLEXHALER | 2 | QL |
| QVAR REDIHALER | 2 | QL |
| SEREVENT DISKUS | 2 | QL |
| SPIRIVA HANDIHALER | 2 | QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 2 | QL |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 2 | QL |
| SYMBICORT | 2 | QL |
| TRELEGY ELLIPTA | 2 | QL |
| VENTOLIN HFA | 2 | QL |
| **Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis** | | |
| BETHKIS | 2 | SP |
| TOBI PODHALER | 3 | SP; QL |
| **Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension** | | |
| ADEMPAS | 2 | PA; SP; QL |
| LETAIRIS | 2 | PA; SP; QL |
| OPSUMIT | 2 | PA; SP; QL |
| ORENITRAM | 3 | PA; SP |
| sildenafil citrate oral tablet 20 mg | 1 | PA; SP; QL |
| TRACLEER | 2 | PA; SP; QL |
| **Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm** | | |
| baclofen oral | 1 | |
| carisoprodol oral | 1 | |
| cyclobenzaprine hcl oral | 1 | |
| LORZONE | 3 | |
| metaxalone | 1 | |
| methocarbamol oral | 1 | |
| orphenadrine citrate er | 1 | |
| tizanidine hcl oral tablet | 1 | |
| **Sleep Disorder Agents** | | |
| eszopiclone | 1 | QL |
| modafinil | 1 | PA; QL |
| SILENOR | 3 | QL |
| temazepam | 1 | QL |
| zolpidem tartrate er | 1 | QL |
| zolpidem tartrate oral | 1 | QL |

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

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OPTUMRx®

## Nondiscrimination notice and access to communication services

OptumRx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

**Online:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

**Phone:** Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

## Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at **optum.com/optumrx**.



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**Innoviant Select**

OPTUMRx®

# Welcome to your specialty pharmacy

Specialty medications can be important to maintaining or improving your health — and your quality of life. BriovaRx®, the OptumRx® specialty pharmacy, provides the resources and personalized, condition-specific support you need to help you better manage your condition.

## What is a specialty medication?

We define an injectable, oral or inhaled medication as a specialty medication if it:

- May require ongoing clinical oversight and additional education for best management
- Has unique storage or shipping requirements
- May not be available at retail pharmacies

## BriovaRx: A specialty pharmacy to meet your needs

BriovaRx offers support to help you manage your condition. Take advantage of personalized patient support from knowledgeable pharmacists and nurses who specialize in your condition at no additional cost to you. In addition, you'll receive:

- Access to your medications at the lowest cost
- 24/7 access to pharmacists
- Support through clinical and adherence programs
- Any medication-related supplies at no additional cost
- Proactive refill reminders
- Timely delivery and shipping in confidential packaging

### Specialty medication resources

**Customer service**
Call **1-855-4BRIOVA (1-855-427-4682)**

**Online at optumrx.com**
Price your medication and find additional resources including information specific to your condition.

## Guiding your health journey under your pharmacy benefit

We understand the challenge of living with and managing a complex health condition. That's where BriovaRx comes in, to assist you every step of the way.

### Getting started: Transfer your prescriptions

Enroll in the specialty pharmacy program with BriovaRx.

If you haven't done so yet, call BriovaRx at **1-855-4BRIOVA (1-855-427-4682)** to get started.

Access to a pharmacist 24/7.

Our specialty pharmacists and patient care coordinators are available 24/7 and will take care of everything for you, including:

- Transferring your prescription to BriovaRx
- Helping you find affordable access to your medication and manage any side effects
- Explaining how the specialty pharmacy works

Personalized support.

Once you start getting your specialty medications through BriovaRx, you'll also experience personalized, one-on-one support from pharmacists and nurses. They're there for you any time you have questions about your medication, side effects and more.

### Working with your pharmacist or nurse

Continued conversations.

Tell your pharmacist or nurse about any changes or complications in your therapy, such as:

- Any side effects
- Trouble remembering to take your medication

Monitor your health.

If you need help with anything else from weight loss to back pain and even smoking cessation, your specialty pharmacist or nurse can help you locate wellness coaching and disease management programs to help you stay on track with your health.

Follow your care plan.

If you're part of a clinical management program, be sure to follow your care plan and tell your pharmacist or nurse about any new medications you're taking.

### Staying on track with your treatment

Quick and easy refills.

We make it easy for you to remember to take your medication with a reminder phone call a few days prior to the time when you need to refill your prescription. You can even sign up for text message reminders online or by phone.

Overnight delivery.

With your specialty pharmacy, shipping your medication is quick, easy and safe. Refrigerated medications will be delivered overnight directly to your home or office, in a temperature-controlled package. Others will be shipped within one to three days. Supplies will also be provided at no extra cost.

Save more time and money.

If you're looking to save money on your medications, finding lower-cost alternatives and transferring your non-specialty prescriptions through the mail can help.

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OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at **optum.com**.

OPTUMRx®

# Specialty pharmacy drug list

January 1, 2019

BriovaRx®, the OptumRx® specialty pharmacy, provides comprehensive support services, including access to pharmacists around the clock, for high-cost oral and injectable medications used to treat rare and complex conditions. In addition, your medications will be shipped to you at no extra cost.



## Characteristics of specialty medications

Specialty medications are used to give care for rare and complex conditions. They are often drugs you take by mouth or inject. For a medication to be filled through BriovaRx, our specialty pharmacy, it must be at least one of the following:

### High-priced

- Can cost more than $1,000/30 day supply.

### Complex

- Drug imitates compounds found in the body.
- Part of a specialty drug class.

### High-touch

- Special shipping or handling like refrigeration.
- Needs a doctor or pharmacist to measure how well it works for you.
- Special steps to follow as you take.

# Specialty pharmacy drug list

## Adult incontinence

Solesta

## Ammonia detoxicants

Ravicti PA

## Anemia

Aranesp PA
Epogen PA
Mircera PA
Procrit PA

## Anticoagulation

Arixtra
Enoxaparin
Fondaparinux
Fragmin
Lovenox

## Anti-Gout agent

Krystexxa PA

## Antihyperlipidemic

Juxtapid PA
Kynamro PA
Praluent PA
Repatha PA

## Anti-infective

Daraprim PA
Prevymis

## Asthma

Cinqair PA
Fasenra PA
Nucala PA
Xolair PA

## Cardiovascular

Northera PA

## Central nervous system agents

Austedo PA
Brineura PA
Hetlioz PA
Radicava PA
Sabril PA
Tetrabenazine PA
Vigabatrin PA
Vigadrone PA
Xenazine PA

## Cystic fibrosis

Bethkis
Cayston PA
Kalydeco PA
Kitabis Pak ST
Orkambi PA
Pulmozyme PA
Symdeko PA
Tobi
Tobramycin ST

## Diagnostic

Acthrel

## Duchenne muscular dystrophy

Emflaza PA

## Endocrine

Cuprimine PA
Egrifta PA
Firmagon PA
Hydroxy Capr PA
Korlym PA
Kuvan PA
Lupaneta PA
Makena PA
Myalept PA
Natpara PA
Nityr PA
Octreotide PA
Parsabiv
Procysbi PA
Samsca
Sandostatin PA
Signifor PA
Somatuline PA
Somavert PA
Supprelin LA PA
Syprine PA
Thiola
Thyrogen PA
Trientine PA
Triptodur PA
Xuriden PA

## Enzyme therapy

Adagen
Aldurazyme PA
Aralast NP PA
Buphenyl
Carbaglu
Cerdelga PA
Cerezyme PA
Cholbam PA
Cystagon
Elaprase PA
Elelyso PA
Fabrazyme PA
Galafold
Glassia PA
Kanuma PA
Lumizyme PA
Mepsevii PA
Miglustat PA
Naglazyme PA
Olumiant PA
Onpattro
Orfadin PA
Palynziq PA
Phenylbutyrate
Prolastin-C PA
Sodium Pheny
Strensiq PA
Sucraid
Vimizim PA
Vpriv PA
Zavesca PA
Zemaira PA

## Gastrointestinal agents

Gattex PA
Ocaliva PA
Xermelo PA

# Specialty pharmacy drug list

## GROWTH HORMONE DEFICIENCY

Genotropin PA
Humatrope PA
Increlex PA
Norditropin PA
Nutropin AQ PA
Omnitrope PA
Saizen PA
Serostim PA
Zomacton PA
Zorbtive PA

## Hematological agents

Doptelet
Fibryga
Mozobil PA
Mulpleta
Nplate PA
Panhematin
Promacta PA
Riastap
Soliris PA
Thrombat III

## Hemophilia

Advate
Adynovate
Afstyla
Alphanate
Alphanine SD
Alprolix
Bebulin
Benefix
Ceprotin
Coagadex
Corifact
Eloctate
Feiba
Helixate FS
Hemlibra
Hemofil M
Humate-P
Jivi
Idelvion
Ixinity
Koate
Koate-DVI
Kogenate FS
Kovaltry
Monoclate-P
Mononine
Novoeight
Novoseven RT
Nuwiq
Obizur
Profilnine
Rebinyn
Recombinate
Rixubis
Tretten
Vonvendi
Wilate
Xyntha

## Hepatitis B

Adefov Dipiv
Baraclude
Entecavir
Epivir HBV
Hepsera
Lamivudine
Vemlidy

## Hepatitis C

Daklinza PA
Epclusa PA.
Harvoni PA
Mavyret PA
Moderiba
Pegasys PA
Pegintron PA
Rebetol
Ribapak
Ribasphere
Ribavirin
Sovaldi PA
Technivie PA
Viekira PA
Vosevi PA
Zepatier PA

## Hereditary angioedema

Berinert PA
Cinryze PA
Firazyr PA
Haegarda PA
Kalbitor PA
Ruconest PA
Takhzyro

## HIV

Abacav/Lamiv
Abacavir
Atazanavir
Aptivus
Atripla ST
Biktarvy
Cimduo
Combivir
Complera
Crixivan
Delstrigo
Descovy
Didanosine
Edurant
Efavirenz
Emtriva
Epivir
Epzicom
Evotaz
Fosamprenavir
Fuzeon
Genvoya
Intelence
Invirase
Isentress
Kaletra
Juluca
Lamivud/Zido
Lamivudine
Lexiva
Lopin/Riton
Nevirapine
Norvir
Odefsey
Pifeltro
Prezcobix
Prezista
Rescriptor
Retrovir
Reyataz
Ritonavir
Selzentry
Stavudine
Stribild
Sustiva
Symfi
Symfi Lo

Symtuza
Tenofovir
Tivicay
Triumeq
Trizivir
Trogarzo
Truvada
Tybost
Videx
Viracept
Viramune
Viread
Zerit
Ziagen
Zidovudine

## Immune globulin

Atgam
Bivigam PA
Carimune NF PA
Cuvitru PA
Cytogam PA
Flebogamma PA
Gamastan S/D PA
Gammagard PA
Gammaked PA
Gammaplex PA
Gamunex-C PA
Hizentra PA
Hyperrho S/D
Hyqvia PA
Micrhogam
Octagam PA
Privigen PA
Winrho SDF

## Immunological agents

Actimmune PA
Arcalyst PA
Benlysta PA
Ilaris PA
Lemtrada PA

## Infertility

Bravelle PA
Cetrotide PA
Chor Gonadot PA
Follistim AQ PA
Ganirelix AC PA
Gonal-F PA
Menopur PA
Novarel PA
Ovidrel
Pregnyl PA

## Inflammatory conditions

Actemra PA
Cimzia PA
Cosentyx PA
Dupixent PA
Enbrel PA
Entyvio PA
Humira PA
Ilumya
Inflectra PA
Kevzara PA
Kineret PA
Olumiant PA
Orencia PA
Otezla PA
Remicade PA
Renflexis PA
Siliq PA
Simponi PA
Stelara PA
Taltz PA
Tremfya PA
Xeljanz PA

## Metabolic bone disease

Reclast
Zoledronic
Zometa

## Multiple sclerosis

Ampyra PA
Aubagio PA
Avonex PA
Betaseron PA
Copaxone PA
Extavia PA
Gilenya PA
Glatiramer PA
Glatopa PA
Ocrevus PA
Plegridy PA
Rebif PA
Tecfidera PA
Tysabri PA
Zinbryta PA

## Musculoskeletal agents

Exondys 51 PA
Spinraza PA
Xiaflex PA

## Narcolepsy

Xyrem PA

## Neurological agents

Botox PA
Dysport PA
Myobloc PA
Xeomin PA

## Neutropenia

Fulphila
Granix PA
H.P. Acthar PA
Leukine PA
Neulasta PA
Neupogen PA
Nivestym
Zarxio PA

## Oncology - injectable

Abraxane
Adcetris PA
Adriamycin
Adrucil
Alferon N
Alimta
Aliqopa PA
Alkeran
Arranon
Arzerra PA
Avastin
Azacitidine
Bavencio PA
Beleodaq PA
Bendeka
Besponsa PA
Bicnu
Bleomycin
Blincyto PA
Bortezomib PA
Busulfan
Busulfex
Campath
Camptosar
Carboplatin
Cisplatin Injectable
Cladribine

# Specialty pharmacy drug list

Clofarabine
Clolar
Cosmegen
Cyclophosph
Cyramza PA
Cytarabine
Dacarbazine
Dacogen PA
Dactinomycin
Darzalex PA
Daunorubicin
Decitabine PA
Dexrazoxane
Docetaxel
Doxil
Doxorubicin
Eligard PA
Ellence
Empliciti PA
Epirubicin
Erbitux PA
Erwinaze
Etopophos
Etoposide Injectable
Evomela
Faslodex
Floxuridine Injectable
Fludarabine
Fluorouracil Injectable
Folotyn PA
Fusilev
Gazyva PA
Gemcitabine
Gemzar
Halaven PA
Herceptin PA
Hycamtin
Idamycin PFS
Idarubicin
Ifex
Ifosfamide
Imfinzi PA
Imlygic
Intron A PA
Irinotecan
Istodax OVR PA
Ixempra kit
Jevtana PA
Kadcyla PA
Kepivance
Keytruda PA
Kymriah PA
Kyprolis PA
Lartruvo PA
Leuprolide Injectable PA
Levoleucovor
Lipodox 50
Lupron Depot PA
Marqibo
Melphalan
Mesna
Mesnex
Mitomycin Injectable
Mitoxantron PA
Mustargen
Mutamycin
Mylotarg PA
Navelbine
Nipent
Oncaspar
Onivyde
Opdivo PA
Oxaliplatin
Paclitaxel
Pamidronate
Perjeta PA
Photofrin
Portrazza PA
Poteligeo
Proleukin
Rituxan PA
Romidepsin
Sylatron PA
Sylvant PA
Synribo PA
Taxotere
Tecentriq PA
Temodar PA
Teniposide
Tepadina
Theracys
Thiotepa
Tice BCG
Toposar
Topotecan
Torisel
Totect
Treanda
Trelstar mix PA
Trisenox
Unituxin PA
Valstar
Vectibix
Velcade PA
Vidaza
Vinblastine Injectable
Vincasar PFS
Vincristine
Vinorelbine
Vyxeos PA
Xgeva PA
Yervoy PA
Yescarta PA
Yondelis
Zaltrap PA
Zanosar
Zevalin
Zinecard
Zoladex

## Oncology - oral

Afinitor PA
Alecensa PA
Alunbrig PA
Bexarotene PA
Bosulif PA
Braftovi PA
Cabometyx PA
Calquence PA
Capecitabine PA
Caprelsa PA
Cometriq PA
Cotellic PA
Erivedge PA
Erleada PA
Etoposide Capsule
Farydak PA
Gilotrif PA
Gleevec PA
Gleostine
Hycamtin
Ibrance PA
Iclusig PA
Idhifa PA
Imatinib Mes PA
Imbruvica PA
Inlyta PA
Iressa PA
Jakafi PA
Kisqali PA
Lenvima PA
Lonsurf PA
Lynparza PA
Matulane
Mekinist PA
Mektovi PA
Mercaptopurine
Mesnex
Nerlynx PA

Nexavar PA
Nilandron
Nilutamide
Ninlaro PA
Odomzo PA
Pomalyst PA
Purixan
Revlimid PA
Rubraca PA
Rydapt PA
Sprycel PA
Stivarga PA
Sutent PA
Tabloid
Tafinlar PA
Tagrisso PA
Tarceva PA
Targretin PA
Tasigna PA
Temodar PA
Temozolomide PA
Thalomid PA
Tibsovo
Tretinoin
Tykerb PA
Venclexta PA
Verzenio PA
Votrient PA
Xalkori PA
Xeloda PA
Xtandi PA
Yonsa PA
Zejula PA
Zelboraf PA
Zolinza PA
Zydelig PA
Zykadia PA
Zytiga PA

## Oncology - topical

Valchlor PA

## Ophthalmic agents

Bevacizumab
Cystaran PA
Eylea
Iluvien
Jetrea
Keveyis PA
Lucentis
Luxturna PA
Macugen
Ozurdex
Retisert
Visudyne

## Opioid Antagonists

Sublocade

## Osteoarthritis

Durolane PA
Euflexxa PA
Gel-one PA
Gelsyn-3 PA
Genvisc 850 PA
Hyalgan PA
Hymovis PA
Monovisc PA
Orthovisc PA
Supartz PA
Synvisc PA
Visco-3 PA

## Osteoporosis

Forteo PA
Prolia PA
Tymlos PA

## Pain management

Prialt

## Parkinson's disease

Apokyn PA

## Pulmonary fibrosis

Esbriet PA
Ofev PA

## Pulmonary hypertension

Adcirca PA
Adempas PA
Epoprostenol PA
Flolan PA
Letairis PA
Opsumit PA
Orenitram PA
Remodulin PA
Revatio PA
Sildenafil PA
Tadalafil Tab
Tracleer PA
Tyvaso PA
Uptravi PA
Veletri PA
Ventavis PA

## RSV

Synagis PA

## Substance abuse treatment

Sublocade PA
Vivitrol

## Transplant

Astagraf XL
Cellcept
Cellcept IV
Cyclosporine
Envarsus XR
Gengraf
Mycophenolate
Mycophenolic
Myfortic
Neoral
Nulojix PA
Prograf
Rapamune
Sandimmune
Sirolimus Tab
Tacrolimus
Zortress PA

## About OptumRx

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. BriovaRx is our specialty pharmacy. Our high-quality, integrated services deliver optimal member outcomes, superior savings and outstanding customer service. We are an Optum® company — a leading provider of integrated health services. Learn more at **optum.com**.

To fill a prescription for a specialty medication on this list, please call **1-855-4BRIOVA (855-427-4682)** or visit **optumrx.com**.

This specialty pharmacy drug list may not be a complete list of all specialty medications; this list can change at any time without notice.

Non-specialty alternatives may be a recommended first-line therapy to treat your condition. Please consult your doctor.


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OPTUMRx®

# Free Meter Program

Diabetes can harm your eyes, kidneys, nerves, heart and blood vessels. The impact can be long-term. Regular blood sugar testing can help you manage your diabetes and may lead to better glucose control.

## Take advantage of this great offer

To help you monitor blood sugar levels, your pharmacy benefit plan offers a Free Meter Program. With this program, you may be able to get a blood sugar meter at no charge to you. You and your doctor can choose from various meters. For more details, call OptumRx® customer service at the phone number on your member ID card. Or contact the meter manufacturer Service Center.

## How to get your free meter

The first step in every diabetes care plan is talking with your health care team. If you would like a new blood sugar meter, tell your doctor or diabetes educator. They will help you select the no-charge meter that's right for you. Once you decide, it's easy to place your order. Just call the manufacturer's Service Center any time.

**Your free meter choices are inside**

**Select PDL Free Meter Program**

# Choose from these brand-name meters

**To obtain one of these ACCU-CHEK® meters call their Service Center at 1-800-835-8108**
**http://meters.accu-chek.com**

| Monitor | Test Strips |
|---|---|
|  **ACCU-CHEK Guide** | ACCU-CHEK Guide Test Strips |
|  **ACCU-CHEK Aviva Plus** | ACCU-CHEK Aviva Plus Test Strips |

**To order one of these OneTouch® meters call their Service Center at 1-866-355-9962**
Order Code: 594PRX100

| Monitor | | Test Strips |
|---|---|---|
|  | **OneTouch Verio® Meter** | OneTouch Verio® Test Strips |
|  | **OneTouch Verio Flex® Meter** | OneTouch Verio® Test Strips |
|  | **OneTouch Verio IQ® Meter** | OneTouch Verio® Test Strips |

**Don’t delay. Talk with your doctor about choosing the best brand-name meter for you. Then order your meter by calling the manufacturer’s Service Center.**

OPTUM®

**optumrx.com**

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OPTUMRx®

# **ENROLL NOW** to get all the benefits of medication home delivery.

OptumRx home delivery is safe and reliable.

**Cost savings**
You may pay less for your medication with a three-month supply through OptumRx®.

**Convenience**
Get free standard shipping on medications delivered to your mailbox.

**24/7 access and reminders**
Speak to a pharmacist who can answer your questions any time, any day. You can also sign up for text message reminders, letting you know when to take or refill your medications.

Whether you have a new prescription or need to transfer an existing one, it's easy to get started with OptumRx.

## Here's how:

**ePrescribe**
Ask your doctor to send an electronic prescription to OptumRx.

**Online**
Visit **optumrx.com** or use the OptumRx® app. From there, you can fill new prescriptions, transfer others to home delivery and more.

**Phone**
Call the toll-free number on your member ID card to speak to a customer service advocate.

Once OptumRx receives your complete order for a new prescription, your medication should arrive within seven business days. Completed refill orders should arrive in about four business days.

We look forward to serving you.

### Need your medication right away?

Ask your doctor for a one-month supply that can be immediately filled at a participating retail pharmacy.

**optumrx.com**

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OPTUMRx®

# NEW PRESCRIPTION MAIL-IN ORDER FORM

## 1 Member and physician information — please use black or blue ink. One form per member.

| | | | |
|---|---|---|---|
| Member ID Number | | | |
| (Additional coverage, if applicable) Secondary Member ID Number | | | |
| Last Name | First Name | | MI |
| Delivery Address | | | Apt. # |
| City | State | ZIP | |
| Phone Number with Area Code | | | |
| Date of Birth (mm/dd/yyyy) | Gender<br>O M O F | Email | |
| Physician Name | | | |
| Physician Phone Number with Area Code | | | |

## 2 Health history

| | | | | |
|---|---|---|---|---|
| **Medication Allergies:** | O Aspirin | O Erythromycin | O Quinolones | O Others: _____ |
| O None known | O Cephalosporins | O NSAIDs | O Sulfa | _____ |
| O Amoxil/Ampicillin | O Codeine | O Penicillin | O Tetracyclines | _____ |
| **Health Conditions:** | O Asthma | O Glaucoma | O High cholesterol | O Others: _____ |
| O None known | O Cancer | O Heart condition | O Osteoporosis | _____ |
| O Arthritis | O Diabetes | O High blood pressure | O Thyroid Disease | _____ |

**Over-the-counter/herbal medications taken regularly:**

## 3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to **optumrx.com** to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

- ○ **Ship overnight.** Add $12.50 to order amount (subject to change).
- ○ **Check enclosed.** All checks must be signed and made payable to: OptumRx.
- ○ **Charge to my credit card on file.**
- ○ **Charge to my NEW credit card.**

New Credit Card Number

Expiration Date (Month/Year) ___/___

Visa, MasterCard, AMEX and Discover are accepted.

**Signature:** _____ **Date:** _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

## 4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

**www.optumrx.com**

2300 Main Street, Irvine, CA 92614

The information in this educational tool does not substitute for the medical advice, diagnosis or treatment of your physician. Always seek the help of your physician or qualified health provider for any questions you may have regarding your medical condition.

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