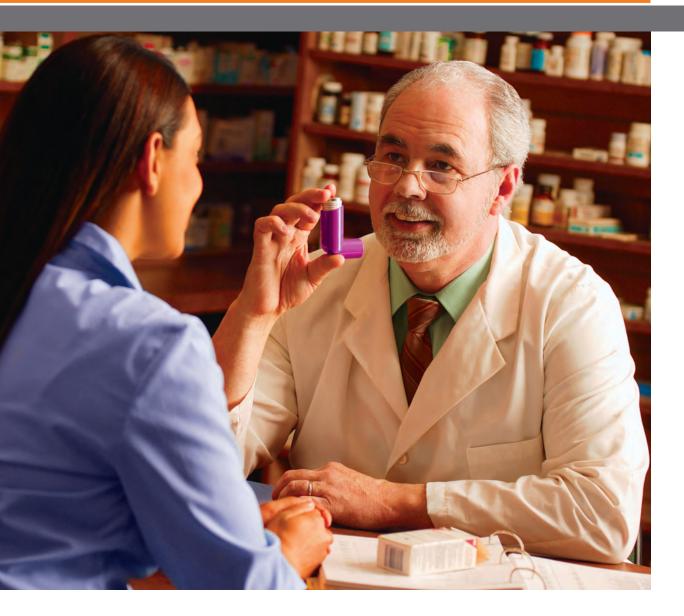


# Your Pharmacy Benefits





## Welcome to Your Pharmacy Plan

OptumRx manages your pharmacy benefits for your health plan sponsor. We look forward to helping you make informed decisions about medicines for you and your family. Please review this information to better understand your pharmacy benefit plan.

#### **Using Your Member ID Card**

You can use your pharmacy benefit ID card at any pharmacy participating in your plan's pharmacy network. Show your ID card each time you fill a prescription at a network pharmacy. They will enter your card information and automatically file it with OptumRx. Your pharmacy will then collect your share of the payment.

#### **Your Pharmacy Network**

Your plan's pharmacy network includes more than 67,000 independent and chain retail pharmacies nationwide. To find a network pharmacy near you, use the Locate a Pharmacy tool at www.optumrx.com. Or call Customer Service at **1-877-559-2955**.

#### **Using Non-Network Pharmacies**

If you do not show the pharmacy your member ID card, or you fill a prescription at a non-network pharmacy, you must pay 100 percent of the pharmacy's price for the drug. If the drug is covered by your plan, you can be reimbursed. To be reimbursed for eligible prescriptions, simply fill out and send a Direct Member Reimbursement Form with the pharmacy receipt(s) to OptumRx. Reimbursement amounts are based on contracted pharmacy rates minus your copayment or coinsurance. For a copy of the form, go to www.optumrx.com. Or call the Customer Service number above. The number is also on the back of your ID card.

#### **Generic Drugs**

Generics are copies of brand name drugs that have been fully tested and approved by the U.S. Food and Drug Administration (FDA). They are safe, effective and usually cost much less than their brand-name counterparts. If your doctor prescribes a brand-name drug, ask if a generic drug may be right for you instead. Asking this question before you fill the prescription at a pharmacy may help you save money.

#### How do I fill a prescription?

When you take your prescription to a network pharmacy, show your ID card to make sure your prescription claim processes correctly.

#### How do I find a pharmacy in my plan's network?

Visit **www.optumrx.com** and use the **Locate a Pharmacy** tool. When you enter a ZIP code close to your home or work, you'll get a list of participating pharmacies, their location and phone number. Or call customer service to find a pharmacy near you.

#### What other tools are available on your website?

Our website, **optumrx.com** is a fast, safe and secure way to manage your prescription benefits online. When you register at <u>www.optumrx.com</u> and open an account, you can use the following tools and features that will help you manage your OptumRx account and prescriptions:

- Search for drug pricing and lower-cost alternatives
- View your OptumRx benefits in real time

Important Note: For access to information for minors age 13 and over, parents or caregivers must register for caregiver consent.

#### **Customer Service**

Your member satisfaction is very important to us. Please contact us if you have any questions or concerns about your pharmacy benefit plan. Our team of customer service advocates can assist you with all of your pharmacy benefit questions. The Customer Service Center is available 24-hours a day, 7 days a week. Call us toll-free at **1-877-559-2955**.



www.optumrx.com

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

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# Prior authorization — Premium

Some medications must be authorized for coverage because they're only approved or effective in treating specific conditions.

#### **Reviewing medications**

Our review committee of doctors and pharmacists meets often to review medications and coverage under pharmacy benefit plans. They also recommend prior authorization guidelines.

#### Safe and effective

When making recommendations, the review committee focuses on medication safety, effectiveness and cost, including:

- U.S. Food and Drug Administration (FDA) approved uses
- Medication instruction labels
- Accepted or published clinical recommendations

#### **Getting a short-term supply**

If you must take a medication that requires prior authorization right away, there are two options that may work for you. First, ask your doctor if a sample is available. Or, check with your pharmacy to request a short-term supply of five days or less — keep in mind you will be responsible for the full cost at that time. If the prior authorization request is approved, then your pharmacist can fill the rest of your prescription.

#### **Requesting a prior authorization**

You, your pharmacist or your doctor can start the prior authorization process by contacting us. We will work with your doctor to get the information needed for the review. Once we receive a finished prior authorization form from your doctor, we will conduct a review within a few days and send you and your doctor a letter regarding the decision.

In this drug list, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

### Premium non-specialty prior authorization list

These medications may require prior authorization as defined by your benefit plan. For more information, contact customer service at the member phone number on your ID card.

THERAPY CLASS	MEDICATION NAME
Anti-infectives	
Antibiotics	XIFAXAN (rifaximin)
Antifungals	CICLODAN SOLUTION KIT (ciclopirox)
	CICLOPIROX SOLUTION KIT (ciclopirox)
	CNL8 NAIL KIT (ciclopirox)
	JUBLIA (efinaconazole)
	KERYDIN (tavaborole)
	ONMEL (itraconazole)
	SPORANOX (itraconazole) Soln
	SPORANOX (itraconazole)
Antihelmintics	ALBENZA (albendazole)
Antimalarial	QUALAQUIN (quinine)
Cardiology	
Antilipemic	ezetimibe/simvastatin tab 10-80 mg
	ZOCOR 80 mg (simvastatin)
Heart Failure	CORLANOR (ivabradine)
Central Nervous System	
ADHD Agents (PA age 19+ only)	ADDERALL (amphetamine/dextroamphetamine)
	ADZENYS ER (amphetamine)
	ADZENYS XR-ODT (amphetamine)
	amphetamine/detroamphetamine ER
	APTENSIO XR (methylphenidate)
	COTEMPLA XR-ODT (methylphenidate)
	DAYTRANA (methylphenidate transdermal)
	DESOXYN (methamphetamine)
	DEXEDRINE (dextroamphetamine)
	DYANAVEL XR (amphetamine)
	EVEKEO (amphetamine)
	FOCALIN (dexmethylphenidate)
	FOCALIN XR (dexmethylphenidate)
	METADATE CD (methylphenidate)
	METADATE ER (methylphenidate)
	METHYLIN (methylphenidate)
	METHYLIN CHEW TAB (methylphenidate)
	METHYLIN ER (methylphenidate)
	METHYLPHENIDATE ER (methylphenidate)

THERAPY CLASS	MEDICATION NAME
	methylphenidate ER tab osmotic release
	MYDAYIS (amphetamine/dextroamphetamine)
	PROCENTRA (dextroamphetamine)
	QUILLICHEW ER (methylphenidate)
	QUILLIVANT XR (methylphenidate)
	RITALIN (methylphenidate)
	RITALIN LA (methylphenidate)
	RITALIN SR (methylphenidate)
	VYVANSE (lisdexamfetamine)
	VYVANSE CHEW TAB (lisdexamfetamine)
	ZENZEDI (dextroamphetamine)
Analgesics (non-opioid)	QUTENZA (capsaicin)
	SPRIX (ketorolac)
Analgesics (opioid)	ACTIQ (fentanyl citrate)
	AVINZA (morphine ext-release)
	BELBUCA (buprenorphine) film
	BUTRANS (buprenorphine)
	CONZIP (tramadol SR)
	DOLOPHINE (methadone)
	EMBEDA (morphine/naltrexone)
	EXALGO (hydromorphone)
	fentanyl transdermal patch
	HYSINGLA ER (hydrocodone bitartrate)
	MORPHABOND ER (morphine ext-release)
	MS CONTIN (morphine ext-release)
	OXYCONTIN (oxycodone ext-release)
	oxymorphone ER
	ULTRAM ER (tramadol ext-release)
Anticonvulsants	HORIZANT (gabapentin enacarbil)
	ONFI (clobazam)
Antipsychotics	ADASUVE (loxapine)
Antitussives (PA age <18)	CAPCOF (phenylephrine/chlorpheniramine/codeine)
	CHERATUSSIN (guaifenesin/codeine)
	CODAR AR (chlorpheniramine/codeine)
	CODAR D (pseudoephedrine/codeine)
	CODAR GF (guaifenesin/codeine)
	CODITUSSIN AC (guaifenesin/codeine)
	GG/CODEINE (guaifenesin/codeine)
	HISTEX-AC (phenylephrine/triprolidine/codeine)

THERAPY CLASS	MEDICATION NAME
	HYD POL/CPM (hydrocodone/chlorpheniramine)
	HYDRO/CHLOR (pseudoephedrine/chlorpheniramine/
	hydrocodone)
	HYDROMET (hydrocodone/homatropine)
	LEXUSS 210 (chlorpheniramine/codeine)
	MAR-COF BP (pseudoephedrine/brompheniramine/codeine)
	MAR-COF CG (guaifenesin/codeine)
	M-CLEAR WC (guaifenesin/codeine)
	M-END MAX D (pseudoephedrine/chlorpheniramine/codeine
	M-END PE (phenylephrine/brompheniramine/codeine)
	M-END WC (pseudoephedrine/brompheniramine/codeine)
	NINJACOF-XG (guaifenesin/codeine)
	PHENHIST DH (pseudoephedrine/brompheniramine/codeine)
	POLY-TUSSIN (phenylephrine/brompheniramine/codeine)
	PRO-CLEAR AC (codeine/pyrilamine)
	PROMETH VC SYP CODEINE (promethazine/
	phenylephrine/codeine)
	PROMETH/COD (promethazine/codeine)
	PRO-RED AC( phenylephrine/dexchlorpheniramine/codeine)
	RELCOF C (guaifenesin/codeine)
	REZIRA (pseudoephedrine/hydrocodone)
	RYDEX (pseudoephedrine/brompheniramine/codeine)
	TRICODE AR (pseudoephedrine/chlorpheniramine/codeine
	TRYMINE CG (guaifenesin/codeine)
	TUSSICAPS (hydrocodone/chlorpheniramine)
	TUSSIGON (hydrocodone/homatropine)
	TUSSIONEX (hydrocodone/chlorpheniramine)
	TUZISTRA XR (codeine/chlorpheniramine)
	VITUZ (hydrocodone/chlorpheniramine)
	Z-TUSS AC (chlorpheniramine/codeine)
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)
Miscellaneous	NUEDEXTA (dextromethorphan/quinidine)
	RILUTEK (riluzole)
Parkinson's	DUOPA (carbidopa-levodopa) Susp
	NUPLAZID (pimavanserin)
Sedative Hypnotics	FLURAZEPAM (flurazepam)
Stimulants	armodafinil
	PROVIGIL (modafinil)
Weight Loss	ADIPEX-P (phentermine)

THERAPY CLASS	MEDICATION NAME
	BELVIQ (lorcaserin)
	BELVIQ XR (lorcaserin)
	BONTRIL (phendimetrazine)
	CONTRAVE (naltrexone-bupropion)
	DIDREX (benzphetamine)
	LOMAIRA (phentermine)
	QSYMIA (phentermine/topiramate)
	REGIMEX (benzphetamine)
	SAXENDA (liraglutide)
	SUPRENZA (phentermine)
	TENUATE (diethylpropion)
	XENICAL (orlistat)
Dermatology	
Acne (Oral)	ABSORICA (isotretinoin)
	AMNESTEEM (isotretinoin)
	CLARAVIS (isotretinoin)
	MYORISAN (isotretinoin)
	ZENATANE (isotretinoin)
Acne (PA age >25 only)	ATRALIN (tretinoin)
	AVITA (tretinoin)
	DIFFERIN (adapalene)
	RETIN-A (tretinoin)
	tretinoin microsphere gel
	TRETIN-X (tretinoin)
Skin Cancer	TARGRETIN (bexarotene) gel
Endocrinology & Metabolism	
Androgens, Testosterone	AVEED (testosterone undecanoate)
(Injectable)	DELATESTRYL (testosterone enanthate)
	TESTOPEL (testosterone pellet)
	testosterone cypionate
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)
-	ANDROID (methyltestosterone)
	ANDROXY (fluoxymesterone)
	METHITEST (methyltestosterone)
	OXANDRIN (oxandrolone)
	TESTRED (methyltestosterone)
Androgens, Testosterone	ANDRODERM (testosterone)
(Topical)	ANDROGEL 1.62% (testosterone)
· · · ·	NATESTO (testosterone nasal)
	STRIANT (testosterone)
Antidiabetic Agents	AFREZZA (insulin regular)

THERAPY CLASS	MEDICATION NAME
	metformin ER modified release
	SYMLINPEN (pramlintide)
Antidiabetic Agents (PA age > 65 only)	CHLORPROPAMIDE (chlorpropamide)
Gastroenterology	
Antiemetics	CESAMET (nabilone)
	BONJESTA (doxylamine-pyridoxine)
	DICLEGIS (doxylamine-pyridoxine)
	MARINOL (dronabinol)
	SYNDROS (dronabinol)
Irritable Bowel Syndrome	LOTRONEX (alosetron)
	VIBERZI (eluxadoline)
Opioid-Induced Constipation	RELISTOR (methylnaltrexone)
Immunology	
Allergen Extracts	GRASTEK (timothy grass pollen)
	ORALAIR (mixed grass pollens allergen)
	RAGWITEK (short ragweed pollen allergen)
Immunizations	VARIZIG (varicella-zoster immune globulin)
Miscellaneous	
Calcium Modifier	SENSIPAR (cinacalcet)
Methotrexate Auto-Injectors	OTREXUP (methotrexate)
	RASUVO (methotrexate)
Movement Disorder Agents	GOCOVRI (amantadine)
	INGREZZA (valbenazine tosylate)
Toxicology	EXJADE (deferasirox)
	FERRIPROX (deferiprone)
	JADENU (deferasirox)
Wound Care	REGRANEX (becaplermin)
Oncology	
Miscellaneous	PROVENGE (sipuleucel-T)
Ophthalmology	
Miscellaneous	RESTASIS (cyclosporine)
	XIIDRA (lifitegrast)
Respiratory	
Asthma/COPD	DALIRESP (roflumilast)

**PLEASE NOTE:** This drug list is subject to regular updates and may not be all inclusive. Drugs affected include brand and generic and include all strengths unless noted. If a new drug is approved and falls into one of the targeted PA categories, the new drug may be automatically added to this list.

### Premium specialty prior authorization list

These medications may require prior authorization as defined by your benefit plan. For more information, contact customer service at the member phone number on your ID card.

THERAPY CLASS	MEDICATION NAME
Anti-infectives	
Antiprotozoals	DARAPRIM (pyrimethamine)
Antiretrovirals, HIV	SELZENTRY (maraviroc)
Cardiology	
Antilipemic	JUXTAPID (lomitapide)
	KYNAMRO (mipomersen)
	PRALUENT (alirocumab)
	REPATHA (evolocumab)
	REPATHA PUSH (evolocumab)
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)
	ADEMPAS (riociguat)
	FLOLAN (epoprostenol)
	LETAIRIS (ambrisentan)
	OPSUMIT (macitentan)
	ORENITRAM (treprostinil diolamine)
	REMODULIN (treprostinil)
	REVATIO (sildenafil)
	TRACLEER (bosentan)
	TYVASO (treprostinil)
	UPTRAVI (selexipag)
	VELETRI (epoprostenol)
	VENTAVIS (iloprost)
Vasopressors	NORTHERA (droxidopa)
Central Nervous System	
Anticonvulsants	SABRIL (vigabatrin)
Depressant	XYREM (sodium oxybate)
Miscellaneous	RADICAVA (edaravone)
Muscular Dystrophy	EMFLAZA (deflazacort)
· · ·	EXONDYS 51 (eteplirsen)
Neurotoxins	BOTOX (onabotulinumtoxinA)
	DYSPORT (abobotulinumtoxinA)
	MYOBLOC (rimabotulinumtoxinB)
	XEOMIN (incobotulinumtoxinA)
Parkinson's	APOKYN (apomorphine)
Sleep Disorder	HETLIOZ (tasimelteon)
Dermatology	

THERAPY CLASS	MEDICATION NAME
Alkylating Agents	VALCHLOR (mechlorethamine) Gel
Atopic Dermatitis	DUPIXENT (dupilumab) Sosy
Electrolyte & Renal Agents	
Diuretics	KEVEYIS (dichlorphenamide)
Endocrinology & Metabolism	
Gonadotropins	ELIGARD (leuprolide)
	FIRMAGON (degarelix)
	LUPANETA PACK (leuprolide)
	LUPRON (leuprolide)
	LUPRON DEPOT (leuprolide)
	LUPRON DEPOT-PED (leuprolide)
	SUPPRELIN LA (histrelin acetate)
	TRELSTAR (triptorelin)
	TRELSTAR DEPOT (triptorelin)
	TRELSTAR LA (triptorelin)
	TRIPTODUR (triptorelin)
	VANTAS (histrelin)
Growth Hormones and Related Therapy	EGRIFTA (tesamorelin)
	NORDITROPIN (somatropin)
	NUTROPIN (somatropin)
	NUTROPIN AQ (somatropin)
	OMNITROPE (somatropin)
	SEROSTIM (somatropin)
	ZORBTIVE (somatropin)
Growth Hormones and Related	INCRELEX (mecasermin)
Therapy (Acromegaly)	SOMAVERT (pegvisomant)
Hormone Modifiers	MYALEPT (metreleptin)
	NATPARA (parathyroid hormone)
Miscellaneous	H.P. ACTHAR (corticotropin)
	KORLYM (mifepristone)
Osteoporosis	FORTEO (teriparatide)
	PROLIA (denosumab)
	TYMLOS (abaloparatide) Sopn
Somatostatins	SANDOSTATIN (octreotide)
	SANDOSTATIN LAR (octreotide)
	SIGNIFOR (pasireotide)
	SIGNIFOR LAR (pasireotide)
	SOMATULINE DEPOT (lanreotide)
Enzyme-Related	

THERAPY CLASS	MEDICATION NAME
Alpha-1 proteinase inhibitor	ARALAST (alpha-1 proteinase inhibitor)
	GLASSIA (alpha-1 proteinase inhibitor)
	PROLASTIN-C (alpha-1 proteinase inhibitor)
	ZEMAIRA (alpha-1 proteinase inhibitor)
Cystine-depleting Agents	CYSTARAN (cysteamine)
, , , , , , , , , , , , , , , , , , , ,	PROCYSBI (cysteamine bitartrate)
Enzyme Replacement	ALDURAZYME (laronidase)
	BRINEURA (cerliponase) Soln
	CERDELGA (eliglustat)
	CEREZYME (imiglucerase)
	ELAPRASE (idursulfase)
	ELELYSO (taliglucerase)
	FABRAZYME (agalsidase beta)
	KANUMA (sebelipase alfa)
	MEPSEVII (vestronidase alfa)
	LUMIZYME (alglucosidase alfa)
	NAGLAZYME (galsulfase)
	RAVICTI (glycerol phenylbutyrate)
	STRENSIQ (asfotase alfa)
	VIMIZIM (elosulfase)
	VPRIV (velaglucerase)
	XURIDEN (uridine triacetate)
	ZAVESCA (miglustat)
Enzyme, Gout	KRYSTEXXA (pegloticase)
Metabolic Agents	NITYR (nitisinone)
	ORFADIN (nitisinone)
Phenylketonuria Treatment Agents	KUVAN (sapropterin)
Gastroenterology	
Bile Acid Agents	CHOLBAM (cholic acid)
Diarrhea	XERMELO (telotristat ethyl)
Hepatic Agents	OCALIVA (obeticholic acid)
Short Bowel Syndrome	GATTEX (teduglutide)
Immunology	
Hematopoietic Agents	GRANIX (tbo-filgrastim)
. –	LEUKINE (sargramostim)
	MIRCERA (methoxy polyethylene glycol-epoetin)
	MOZOBIL (plerixafor)
	NEULASTA (pegfilgrastim)
	NEUPOGEN (filgrastim)
	NPLATE (romiplostim)

THERAPY CLASS	MEDICATION NAME
	PROCRIT (epoetin alfa)
	PROMACTA (eltrombopag)
	SOLIRIS (eculizumab)
	ZARXIO (filgrastim)
Hemostatic Agent	BERINERT (c1 esterase)
	CINRYZE (c1 esterase)
	FIRAZYR (icatibant) Soln
	HAEGARDA (c1 esterase)
	KALBITOR (ecallantide) Soln
	RUCONEST (c1 esterase) Solr
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)
	EPCLUSA (sofosbuvir-velpatasvir)
	HARVONI (ledipasvir-sofosbuvir)
	MAVYRET (glecaprevir-pibrentasvir)
	OLYSIO (simeprevir)
	PEGASYS (peginterferon alfa-2a)
	PEG-INTRON (peginterferon alfa-2b)
	SOVALDI (sofosbuvir)
	TECHNIVIE (ombitasvir-paritaprevir-ritonavir)
	VIEKIRA PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)
	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir)
	VOSEVI (sofosbuvir-velpatasivir)
	ZEPATIER (elbasvir-grazoprevir)
Immune Globulins	BIVIGAM (immune globulin)
	CARIMUNE (immune globulin)
	CUVITRU (immune globulin)
	CYTOGAM (cytomegalovirus immune globulin)
	FLEBOGAMMA (immune globulin)
	FLEBOGAMMA DIF (immune globulin)
	GAMASTAN (immune globulin)
	GAMMAGARD (immune globulin)
	GAMMAKED (immune globulin)
	GAMMAPLEX (immune globulin)
	GAMUNEX (immune globulin)
	GAMUNEX-C (immune globulin)
	HIZENTRA (immune globulin)
	HYQVIA (hyaluron immune globulin)
	OCTAGAM (immune globulin)
	PRIVIGEN (immune globulin)

THERAPY CLASS	MEDICATION NAME
Immunomodulators	ACTEMRA (tocilizumab) Sosy
	CIMZIA (certolizumab)
	COSENTYX (secukinumab)
	ENBREL (etanercept)
	ENTYVIO (vedolizumab)
	HUMIRA (adalimumab)
	KINERET (anakinra)
	ORENCIA (abatacept)
	OTEZLA (apremilast)
	REMICADE (infliximab)
	RENFLEXIS (infliximab)
	SILIQ (brodalumab) Sosy
	SIMPONI (golimumab)
	SIMPONI ARIA (golimumab)
	STELARA (ustekinumab)
	TREMFYA (guselkumab)
	XELJANZ (tofacitinib)
	XELJANZ XR (tofacitinib)
Interleukins	ARCALYST (rilonacept)
	ILARIS (canakinumab)
Miscellaneous	BENLYSTA (belimumab)
Multiple Sclerosis	AMPYRA (dalfampridine)
	AUBAGIO (teriflunomide)
	AVONEX (interferon beta-1a)
	BETASERON (interferon beta-1b)
	COPAXONE (glatiramer)
	GILENYA (fingolimod)
	GLATOPA (glatiramer)
	LEMTRADA (alemtuzumab)
	NOVANTRONE (mitoxantrone)
	OCREVUS (ocrelizumab) Soln
	TECFIDERA (dimethyl fumarate)
	TYSABRI (natalizumab)
	ZINBRYTA (daclizumab)
Transplant	NULOJIX (belatacept)
Transplant	NULOJIX (belatacept) ZORTRESS (everolimus)
Transplant Miscellaneous	
Miscellaneous	ZORTRESS (everolimus)

THERAPY CLASS	MEDICATION NAME
Movement Disorder Agents	AUSTEDO (deutetrabenazine)
	XENAZINE (tetrabenazine)
Musculoskeletal Agents	SPINRAZA (nusinersen) Soln
Toxicology	CUPRIMINE (penicillamine)
	SYPRINE (trientine)
Viscosupplements	DUROLANE (sodium hyaluronate)
	EUFLEXXA (sodium hyaluronate)
	GEL-ONE (sodium hyaluronate)
	GELSYN-3 (sodium hyaluronate)
	HYALGAN (sodium hyaluronate)
	HYMOVIS (sodium hyaluronate)
	MONOVISC (hyaluronan)
	ORTHOVISC (sodium hyaluronate)
	SUPARTZ (sodium hyaluronate)
	SYNVISC (sodium hyaluronate)
	SYNVISC-ONE (sodium hyaluronate)
	VISCO-3 (sodium hyaluronate)
Obstetrics & Gynecology	
Fertility Agents	CETROTIDE (cetrorelix)
	Chorionic gonadotropin
	Ganirelix acetate
	GONAL-F (follitropin alfa)
	GONAL-F RFF (follitropin alfa)
	MENOPUR (menotropins)
	NOVAREL (chorionic gonadotropin)
	PREGNYL (chorionic gonadotropin)
Hormone Replacement	Hydroxyprogesterone caproate
	MAKENA (hydroxyprogesterone caproate)
Oncology (Injectable)	
Antifolate	FOLOTYN (pralatrexate) Soln
	TECENTRIQ (atezolizumab) Soln
Antimicrotubular	HALAVEN (eribulin)
	JEVTANA (cabazitaxel)
CAR-T Therapy	KYMRIAH (tisagenlecleucel)
	YESCARTA (axicabtagene ciloleucel)
Interferons	INTRON A (interferon alfa-2b)
	SYLATRON (peginterferon alfa-2b)
Kinase and Molecular Target Inhibitors	ALIQOPA (copanlisib)
	KYPROLIS (carfilzomib)
	PORTRAZZA (necitumumab) Soln
	VELCADE (bortezomib)

THERAPY CLASS	MEDICATION NAME
	ZALTRAP (ziv-aflibercept)
Miscellaneous	BELEODAQ (belinostat)
	DACOGEN (decitabine)
	ISTODAX (romidepsin)
	SYNRIBO (omacetaxine)
	VYXEOS (daunorubicin-cytarabine)
Monoclonal Antibody	ADCETRIS (brentuximab)
Wone clonar / will body	ARZERRA (ofatumumab)
	BAVENCIO (avelumab) Soln
	BESPONSA (inotuzumab)
	BLINCYTO (blinatumomab)
	CYRAMZA (ramucirumab)
	DARZALEX (daratumumab) Soln
	EMPLICITI (elotuzumab) Solr
	ERBITUX (cetuximab) Soln
	GAZYVA (obinutuzumab)
	HERCEPTIN (trastuzumab)
	IMFINZI (durvalumab) Soln
	KADCYLA (ado-trastuzumab emtansine)
	KEVZARA (sarilumab)
	KEYTRUDA (pembrolizumab)
	LARTRUVO (olaratumab)
	MYLOTARG (gemtuzumab)
	OPDIVO (nivolumab)
	PERJETA (pertuzumab)
	RITUXAN (rituximab)
	RITUXAN HYCELA (rituximab-hyaluronidase)
	SYLVANT (siltuximab)
	UNITUXIN (dinutuximab)
	XGEVA (denosumab)
	YERVOY (ipilimumab)
Oncology (Oral)	
Alkylating Agents	TEMODAR (temozolomide)
Antiandrogen	XTANDI (enzalutamide )
	ZYTIGA (abiraterone)
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)
	AFINITOR DISPERZ (everolimus)
	ALECENSA (alectinib)
	ALUNBRIG (brigatinib)
	BOSULIF (bosutinib)

THERAPY CLASS	MEDICATION NAME
	CALQUENCE (acalabrutinib)
	CABOMETYX (cabozantinib s-malate)
	CAPRELSA (vandetanib)
	COMETRIQ (carbozantinib)
	COTELLIC (cobimetnib)
	ERIVEDGE (vismodegib)
	FARYDAK (panobinostat)
	GILOTRIF (afatinib)
	GLEEVEC (imatinib)
	IBRANCE (palbociclib)
	ICLUSIG (ponatinib)
	IDHIFA (enasidenib)
	IMBRUVICA (ibrutinib)
	INLYTA (axitinib)
	IRESSA (gefitinib)
	JAKAFI (ruxolitinib)
	LENVIMA (lenvatinib)
	LYNPARZA (olaparib)
	MEKINIST (trametinib)
	NERLYNX (neratinib)
	NEXAVAR (sorafenib)
	NINLARO (ixazomib)
	ODOMZO (sonidegib)
	RYDAPT (midostaurin)
	SPRYCEL (dasatinib)
	STIVARGA (regorafenib)
	SUTENT (sunitinib)
	TAFINLAR (dabrafenib)
	TAGRISSO (osimertinib)
	TARCEVA (erlotinib)
	TASIGNA (nilotinib)
	TYKERB (lapatinib)
	VOTRIENT (pazopanib)
	VENCLEXTA (venetoclax)
	VERZENIO (abemaciclib)
	XALKORI (crizotinib)
	ZEJULA (niraparib tosylate)
	ZELBORAF (vemurafenib)
	ZYDELIG (idelalisib)
	ZYKADIA (ceritinib)

THERAPY CLASS	MEDICATION NAME	
Miscellaneous	KISQALI (ribociclib)	
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	
	LONSURF (trifluridine-tipiracil)	
	RUBRACA (rucaparib camsylate)	
	TARGRETIN (bexarotene)	
	XELODA (capecitabine)	
	ZOLINZA (vorinostat)	
Thalidomide-related Agents	POMALYST (pomalidomide)	
	REVLIMID (lenalidomide)	
	THALOMID (thalidomide)	
Ophthalmology		
Miscellaneous	LUXTURNA (voretigene neparvovec-rzyl)	
Respiratory		
Asthma/COPD	CINQAIR (reslizumab) Soln	
	FASENRA (benralizumab)	
	NUCALA (mepolizumab)	
	XOLAIR (omalizumab)	
Cystic fibrosis	CAYSTON (aztreonam)	
	KALYDECO (ivacaftor)	
	ORKAMBI (lumacaftor-ivacaftor)	
	PULMOZYME (dornase alfa)	
	SYMDEKO (tezacaftor-ivacaftor)	
Pulmonary Fibrosis	ESBRIET (pirfenidone)	
	OFEV (nintedanib)	
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)	

**PLEASE NOTE:** This drug list is subject to regular updates and may not be all inclusive. Drugs affected include brand and generic and include all dosage types unless noted. If a new drug is approved and falls into one of the targeted PA categories, the new drug may be automatically added to this list.



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# Step therapy — Premium

Most medical conditions have many medication options. Although their clinical effectiveness may be similar, prices can vary widely. The Step Therapy program gives you the treatment you need, usually at a lower cost.

#### Here's how it works:

With this program, you must try a Step 1 medication first, before a Step 2 medication may be covered. When you bring a prescription to your pharmacy, our system will automatically screen the medication for step therapy requirements. If your prior pharmacy claims show you have tried a Step 1 medication in the recent past, the Step 2 medication may be filled. If not, the pharmacist will contact your doctor to explain next steps.

We encourage you to discuss your treatment and medication options with your doctor. If you have questions about the Step Therapy program, call the toll-free member phone number on your ID card.

> In this drug list, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

### **Step therapy medications**

If you have a prescription for any of the Step 2 medications below, you are required to first try a Step 1 medication(s) for benefit coverage.

Condition	Step 1	Step 2
Anti-infectives		
Oral Brand Tetracyclines	Any one of the following generics: doxycycline AND Any one of the following preferred brands: DORYX MPC	ADOXA, DORYX, MONODOX, TARGADOX
Otic Agents	ofloxacin	CETRAXAL, ciprofloxacin
Cardiovascular		
Calcium Channel Blockers	Any one of the following generics: amlodipine, perindopril	PRESTALIA
Renin- Angiotensin System Agents	Any one of the following generics: amlodipine-benazepril, amlodipine- olmesartan, benazepril, benazepril- HCTZ, candesartan, candesartan-HCTZ, captopril, captopril-HCTZ, enalapril, enalapril-HCTZ, fosinopril, fosinopril- HCTZ, irbesartan, irbesartan-HCTZ, lisinopril, lisinopril-HCTZ, losartan, losartan-HCTZ, moexipril, moexipril- HCTZ, olmesartan-HCTZ, olmesartan- amlodipine-HCTZ, perindopril, quinapril, quinapril-HCTZ, ramipril, telmisartan, telmisartan-HCTZ, trandolapril, trandolapril-verapamil	EDARBI, EDARBYCLOR, TEKTURNA, TEKTURNA HCT
Statins	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin	ALTOPREV, FLOLIPID <sup>2</sup> , LIVALO, ZYPITAMAG
Fibric Acid Derivatives	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND Any one of the following preferred brands: LIPOFEN	FENOGLIDE, FIBRICOR, LOFIBRA, TRIGLIDE

Condition	Step 1	Step 2
Antianginals	Any one of the following generics or preferred brands: acebutolol, amlodipine, amlodipine- benazepril, amlodipine-telmisartan, amlodipine-valsartan, atenolol, bextaxolol, bisoprolol, carvedilol, diltiazem, diltiazem ER, felodipine ER, isosorbide dinitrate ER, isosorbide mononitrate ER, isradipine, metoprolol, metoprolol ER, nadolol, nicardipine, nifedipine, nisoldipine SR, nitroglycerin ER, pindolol, propranolol, propranolol SR, timolol, trandolapril-verapamil, verapamil, verapamil ER BYSTOLIC, DILATRATE SR, INDERAL XL, INNOPRAN XL	RANEXA
Central Nervous Sy	/stem	
ADHD Agents	Any two of the following generics or preferred brands: amphetamine-dextroamphetamine IR or ER, dexmethylphenidate IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER, VYVANSE	ADZENYS ER <sup>2</sup> , ADZENYS XR ODT <sup>2</sup> , APTENSIO XR <sup>2</sup> , COTEMPLA XR- ODT <sup>2</sup> , DAYTRANA <sup>2</sup> , DESOXYN <sup>2</sup> , DYANAVEL XR <sup>2</sup> , EVEKEO <sup>2</sup> , FOCALIN XR <sup>2</sup> , KAPVAY, METADATE CD <sup>2</sup> , METHYLIN <sup>2</sup> SOLUTION, METHYLIN CHEW <sup>2</sup> , MYDAYIS <sup>2</sup> , PROCENTRA <sup>2</sup> , QUILLICHEW ER <sup>2</sup> , QUILLIVANT <sup>2</sup> , RITALIN LA <sup>2</sup> , ZENZEDI <sup>2</sup>
Antidepressants <sup>3</sup>	bupropion SR	APLENZIN <sup>2</sup>
	Any two of the following generics: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER	TRINTELLIX <sup>2</sup>
	Any two of the following generics: desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER	FETZIMA <sup>2</sup>
Antipsychotics <sup>3</sup>	Any two of the following generics or preferred brands: aripiprazole, olanzapine, quetiapine, risperidone SAPHRIS, SEROQUEL XR	FANAPT <sup>2</sup> , LATUDA <sup>2</sup> , VRAYLAR <sup>2</sup>

Condition	Step 1	Step 2
Insomnia Agents	Any one of the following generics: eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR	BELSOMRA <sup>2</sup>
	Any one of the following generics: zolpidem, zolpidem CR	EDLUAR <sup>2</sup> , ZOLPIMIST <sup>2</sup>
Migraine Agents	Any one of the following generics: rizatriptan, sumatriptan, zolmitriptan	TREXIMET <sup>2</sup>
	Any two of the following generics: rizatriptan, sumatriptan, zolmitriptan	ONZETRA XSAIL <sup>2</sup>
Neurologic Agents	gabapentin	GRALISE <sup>2</sup>
	Any one of the following generics or preferred brands: amitriptyline, cyclobenzaprine, duloxetine, gabapentin LYRICA	SAVELLA <sup>2</sup>
Non-Narcotic Analgesics	Any two of the following generics: diclofenac, diclofenac CR, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	TIVORBEX
Opioid Antagonists	NARCAN NASAL SPRAY	EVZIO
Parkinson's Disease	Any one of the following generics: carbidopa-levodopa, carbidopa-levodopa CR	RYTARY
	Both of the following generics: rasagiline, selegiline	XADAGO <sup>2</sup>
Women's Health	Any one of the following generics: esterified estrogens-methyltestosterone, estradiol, estradiol-norethindrone, estropipate, paroxetine, fluoxetine	BRISDELLE <sup>2</sup>
Dermatology		
Rosacea	SOOLANTRA	FINACEA
	MIRVASO	RHOFADE
Skin Cancer Agents	Any one of the following generics: fluorouracil, imiquimod	diclofenac gel 3% <sup>2</sup> , PICATO, SOLARAZE <sup>2</sup> , TOLAK

Condition	Step 1	Step 2
Topical Immuno- modulators	Any one of the following generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone	ELIDEL, EUCRISA
Endocrinology		
Diabetic Agents	Any one of the following generics: metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	ACTOPLUS MET XR
	Any one of the following generics: metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	AVANDIA, CYCLOSET
DPP4 Inhibitors	Any one of the following generics: metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, TRADJENTA
GLP-1 Agonists	Any one of the following generics: metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	BYDUREON <sup>2</sup> , BYUREON BCISE <sup>2</sup> , BYETTA <sup>2</sup> , TRULICITY <sup>2</sup> , VICTOZA <sup>2</sup>
GLP-1 Agonist Combinations	Any one of the following preferred brands: BYDUREON <sup>1</sup> , BYDUREON BCISE <sup>1</sup> , BYETTA <sup>1</sup> , TRULICITY <sup>1</sup> , VICTOZA <sup>1</sup> , LANTUS, TOUJEO	SOLIQUA <sup>2</sup> , XULTOPHY <sup>2</sup>
SGLT2 Inhibitors	Any one of the following generics: metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	INVOKAMET, INVOKAMET XR, INVOKANA, JARDIANCE, SYNJARDY, SYNJARDY XR
	Any one of the following preferred brands: INVOKAMET <sup>1</sup> , INVOKAMET XR <sup>1</sup> , INVOKANA <sup>1</sup>	GLYXAMBI, QTERN
	AND any one of the following preferred brands: JARDIANCE <sup>1</sup> , SYNJARDY <sup>1</sup> , SYNJARDY XR <sup>1</sup>	

Condition	Step 1	Step 2
Gastroenterology		
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	AMITIZA <sup>2</sup> , LINZESS <sup>2</sup>
	Any one of the following generics: lactulose, polyethylene glycol	TRULANCE <sup>2</sup>
	AND any one of the following preferred brands: AMITIZA <sup>1</sup> , LINZESS <sup>1</sup>	
Opioid-Induced Constipation	Any one of the following generics: lactulose, polyethylene glycol	SYMPROIC <sup>2</sup>
	AND AMITIZA <sup>1</sup>	
Proton Pump Inhibitors	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole DEXILANT	ACIPHEX SPRINKLE <sup>2</sup> , esomeprazole strontium <sup>2</sup> , FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PREVACID SOLUTAB <sup>2</sup> , PRILOSEC <sup>2</sup> , PROTONIX <sup>2</sup>
Ulcer Agent Kits	Any one of the following preferred brands: OMECLAMOX-PAK, PYLERA	PREVPAC
Miscellaneous		
Antigout Agents	COLCRYS	MITIGARE, colchicine
	allopurinol	DUZALLO, ULORIC, ZURAMPIC
Ophthalmology		1
Ophthalmic Antihistamines	Any one of the following generics or preferred brands: azelastine, olopatadine, PATADAY	BEPREVE, LASTACAFT
Ophthalmic Anti- inflammatory Agents	Any one of the following generics: diclofenac soln, flurbiprofen soln, ketorolac soln	BROMSITE
Respiratory		-
Leukotriene Modifiers	Any one of the following generics: montelukast, zafirlukast	zileuton ER, ZYFLO, ZYFLO CR
Inhaled Corticosteroids	Any two of the following preferred brands: ARNUITY ELLIPTA, FLOVENT, PULMICORT FLEXHALER	ARMONAIR <sup>2</sup>
Long-Acting Bronchodilators	Any two of the following preferred brands: ADVAIR, BREO ELLIPTA, SEREVENT, SYMBICORT	ARCAPTA <sup>2</sup> , STRIVERDI RESPIMAT <sup>2</sup>
	Both of the following preferred brands: INCRUSE ELLIPTA, SPIRIVA	SEEBRI NEOHALER <sup>2</sup>

Condition	Step 1	Step 2
Long-Acting Bronchodilator Combinations	Any two of the following generics or preferred brands: fluticasone-salmeterol ADVAIR, BREO ELLIPTA, SYMBICORT Any one of the following preferred brands:	TRELEGY <sup>2</sup> BEVESPI AEROSPHERE <sup>2</sup> ,
	ADVAIR, BREO ELLIPTA, SEREVENT, SYMBICORT AND any one of the following preferred brands: SPIRIVA	UTIBRON NEOHALER <sup>2</sup>
Urology		
BPH Agents	Any two of the following generics or preferred brands: alfuzosin, doxazosin, tamsulosin, terazosin, RAPAFLO	CARDURA XL

Step therapy requirements are effective as of July 1, 2018. The list of step therapy medications is subject to change without notice. Step therapy requirements may vary by benefit plan. Additional clinical programs, including quantity limits and prior authorization, may exist for the above medications which may affect your prescription drug coverage.

- <sup>1</sup> These medications are also subject to additional step requirements as shown in the table.
- <sup>2</sup> Quantity limits may also apply. Please refer to the Select Quantity Limits document.
- <sup>3</sup> If you have already been approved to use the Step 2 medication, you do not need to try the Step 1 medication.



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## Make your health a priority



Get your flu shot and other routine vaccines

#### Flu shots

The flu affects millions of people each year and can lead to serious illness, or even death. The flu can be a contagious illness caused by influenza viruses that infect the lungs, throat and nose. According to the Centers for Disease Control and Prevention (CDC), one of the best ways to prevent the flu is by getting vaccinated each year.<sup>1</sup> The CDC recommends a yearly flu vaccine for everyone 6 months of age and older as the first and most important step in protecting against this serious disease.<sup>2</sup>

#### **Routine vaccines**

You can also keep yourself and your family members healthy with routine vaccines that prevent illnesses like tetanus, pneumonia and shingles. Routine vaccines are available on most plans, and can help you and your family maintain better overall health.

#### Easy access to flu shots and other vaccines

OptumRx contracts with a variety of national pharmacy chains to provide members with easy access to flu shots and other routine vaccines. Plus, members get the highest level of benefit coverage (100% for many plans) for vaccines obtained from contracted pharmacies that participate in the Vaccine Immunization/Injection Network administered by OptumRx.<sup>3</sup>

Many vaccines can be obtained on a walk-in basis by presenting the OptumRx ID card at the time of service. Members should review their benefit plan to determine coverage for vaccines.

Many vaccines can be obtained on a walk in basis. Show your OptumRx ID card before getting your flu shot or vaccine. Most OptumRx plans cover routine vaccines at 100% when you use network pharmacies.

See the pharmacy list on page 2.

#### **Retail Pharmacies**

This list represents the larger retail chain pharmacies in our network, but is not the full list. For a more complete list, you can log in to www.optumrx.com or call the number on your health plan or prescription ID card. Pharmacists administer the vaccines at these locations.

- <u>The Great Atlantic & Pacific Tea</u> <u>Company</u> (A&P, FoodBasics, The Food Emporium, Pathmark, Superfresh, Waldbaums)
- Ahold USA (Giant Food Stores, Giant of Maryland, Stop and Shop Supermarkets, Ukrops Super Markets)
- Albertsons
- CVS Pharmacy
- Four B Corporation (Hen House, Price Chopper)
- H-E-B Pharmacy
- Hy-Vee Pharmacy
- Kmart Pharmacy
- K-VA-T Food Stores, Inc. (Food City)
- Marsh Drugs LLC
- Meijer Pharmacies
- Publix
- <u>Roundy</u><sup>5</sup> (Pick'n Save, Copps, Rainbow, Metro Market, Mariano<sup>5</sup>)
- <u>Safeway Affiliated Pharmacies</u> (Carrs, Pavilion<sup>s</sup>, Randalls, Safeway, Tom Thumb, Vons)
- Shopko Stores
- <u>SUPERVALU Affiliated Pharmacies</u> (BIGGS, Osco, Sav-On, Shaws Supermarket)
- Thrifty White Pharmacy
- Tops Markets
- Walgreens Pharmacy (Duane Reade)
- Wegmans



#### Routine vaccines<sup>4</sup>

Most of the following routine vaccines are available at pharmacies that participate in the Vaccine Immunization/Injection Network administered by OptumRx.

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and vaccine requirements.

Flu Shots & Nasal Mists		
Flu (Influenza)		
Afluria	Fluzone HD	Fluarix Quad
Fluarix	Fluzone ID	Flulaval Quad
Flulaval	Fluzone PED	Fluzone Quad
Fluvirin	Flucelvax	Flublok
Fluzone	Flumist Quad	
<b>Routine Adult Vaccines</b>		
Hepatitis A (Adult and Pe	diatric)	
Havrix	Vaqta	
Hepatitis B (Adult and Peo	diatric)	
Engerix-B	Recombivax-HB	
Human Papilloma Virus (H	IPV) – Vaccine prevents cer	rvical cancer
Cervarix	Gardasil	Gardasil 9
Measles, Mumps, Rubella		
Meningococcal - Vaccine	prevents meningitis Group	s A, C, Y and W-135
Menactra	Menomune	Menveo
Meningococcal - Vaccine	prevents meningitis Group	В
Bexsero	Trumenba	
Pneumococcal – Vaccine	prevents pneumonia	
Prevnar13		
Pneumovax 23		
	etanus, diptheria, pertussis	5
Adacel	Boostrix	
Tetanus Diptheria - TD		
Tenivac		
Tetanus toxoid		
Varicella – Vaccine prevents chicken pox		
Varivax		
Zoster – Vaccine prevents	shingles	
Zostavax		



Ask your employer or check your plan documents for your plan's specific coverage details.

Not all vaccines on this list are available at all network pharmacies. Contact your local network pharmacy to confirm vaccine availability.

- 1 Sources: http://www.cdc.gov/flu/
- 2 www.cdc.gov/flu/protect/keyfacts.htm#flu-vaccination
- 3 There may be some instances where a particular location for one of the vaccine providers

is not participating in the national OptumRx Vaccine Immunization/Injection Network. 4 Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.

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## 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 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.

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

Monitor		Test Strips
	OneTouch Verio <sup>®</sup> Meter	OneTouch Verio <sup>®</sup> Test Strips
	OneTouch Verio Flex <sup>®</sup> Meter	OneTouch Verio <sup>®</sup> Test Strips
	OneTouch Verio IQ <sup>®</sup> 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.



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## OptumRx quick reference guide



Our website, **optumrx.com** is a fast, safe and secure way to manage your prescription benefits online.

This quick reference guide illustrates how to use the tools and features that will help you manage your OptumRx account and prescriptions:

- Search for drug pricing and lower-cost alternatives
- View your OptumRx benefits in real time

#### **UMR home page**

As a UMR member, you can access your prescription information from the UMR website.

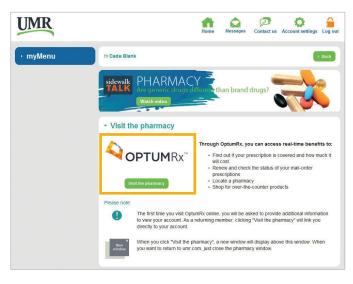
Follow these steps to register:

- 1. Visit umr.com.
- 2. In the left margin menu, select Members.
- Login by entering your username and password in the top right login section. If you have not yet registered for a member account, select **New user? Register here** shown underneath username field.
- Once successfully registered and/or logged in, select **Pharmacy** from the menu on the left. The website will redirect you to your online services home page.

Once on the pharmacy home page, you click on OptumRx or the Visit the pharmacy button to enter **optumrx.com** and begin to take advantage of the many tools and features that will help you manage your pharmacy benefit. On your first visit, you will also need to register at **optumrx.com** just follow the simple instructions.



UMR	Home Messages Contact us Account settings Log out
• myMenu	WELCOME
Claims	To take a tours
Benefits & coverage	Hello Cade Blank Last login: 09/04/2014
Account balances	Group number: 76888888 Member ID: 99934427
ID card	Your UMR plans: Medical plan details: Long term disability individual Deductible 5500.00 Life Family Deductible 51,000.00 Dental Individual Out-of-Poeter 51,250.00
Find a provider	Opental Individual Out-of-Pocket: \$1,250,00 Medical Family Out-of-Pocket: \$2,500.00 Flex
Pharmacy	View plan documents
Health center	Don't forget: 🚳
	Receiving your Explanations of Benefits (EOBs) and other mailings online is fast and convenient. Save time by going paperless today!
I need to	Yes, update account settings
Find a claim form Review recent transactions	
	Accident details Other insurance Health cost estimator library



#### Website help

No matter where you are on our website, help is just a few clicks away.

#### Log in help

From the **optumrx.com** home page, it's easy to find **Log In Help**.

