

Welcome

Prescription Solutions administers your pharmacy benefits on behalf of your plan sponsor. We look forward to serving you! Please take a few moments to review this information to better understand your prescription medication benefits.

Customer Service Center

Our team of dedicated Customer Service Advocates, many of whom are certified pharmacy technicians, will 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**.

Using Your ID Card

You can use your pharmacy benefit ID card at any participating network pharmacy. When you fill a prescription, the pharmacy enters your claim in a computer system to automatically file it with Prescription Solutions. Your pharmacist then collects the applicable copayment for each prescription you purchase.

Prescription Solutions Pharmacy Network

Our pharmacy network includes more than 64,000 independent and chain retail pharmacies nationwide. To find a participating pharmacy near you, use the PHARMACY LOCATOR on our website or call Customer Service at **1.877.559.2955**.

Mail Service Pharmacy

Through Prescription Solutions® Mail Service Pharmacy, you could get up to a 90-day supply of maintenance medications – those you take on a regular, ongoing basis – delivered right to your home. Choose from one of two options to get started with mail service in just one easy phone call:

Option 1: Call Prescription Solutions Mail Service Pharmacy at 1.800.562.6223 (TTY 711).

Option 2: Talk to your doctor. Tell your doctor you want to use Prescription Solutions for home delivery of your maintenance medications. Be sure to ask for a new prescription written for up to a 90-day supply with three refills to maximize your plan benefits. Then you can either complete an order form and send it, along with your prescriptions and copayment, to us or ask your doctor to call **1.800.791.7658** with your prescriptions or to fax them to 1.800.491.7997.

Copayments (Three-Tier)

Your plan sponsor has chosen a three-tier copayment structure. Coverage for each tier is as follows:

1st Tier (Generic Copayment)

Covers all plan-allowed generic products.

2nd Tier (Preferred Brand Copayment)

Covers all plan-allowed preferred brand products. To determine if a product you take is a preferred brand, please refer to the *Prescription Solutions Preferred Products List* (PPL). If the PPL is not included with this letter, please contact the Customer Service Center at **1.877.559.2955** for a copy or visit our website.

3rd Tier (Nonpreferred Brand Copayment)

Applies to all nonpreferred brand products.

Brands for Generic

The Brands for Generic Program offers a select list of brand products to you at your generic, or first-tier, copay amount. This program also offers one of four ACCU-CHEK® or BAYER® glucose meters at no charge to diabetic members. If a Brands for Generic brochure is not included with this communication, please contact our Customer Service Center at **1.877.559.2955**.

For additional information, contact us at **1.877.559.2955** 24-hours a day, 7 days a week, or visit our website at **www.PrescriptionSolutions.com**

PrescriptionSolutions®



A UnitedHealth Group Company

Prescription Solutions

by  OPTUMRx™

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 60,000 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 www.PrescriptionSolutions.com or by calling customer service).

When you submit a claim using the reimbursement form, Prescription Solutions by 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 59,000 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 A&P Pharmacy
90 A S Medication Solutions AADP Accredo Health
90 Acme Pharmacy
90 Ahold USA AHS — St. John Pharmacy
90 Albertsons
90 Allina Community Pharmacy
90 American Drug Stores
90 Appalachian Regional Health
90 Apria Healthcare
90 Arrow Prescription Center
90 Aurora Pharmacy

B
Balls Four B
90 Bartell Drug Bi-Lo
90 Bi-Lo Pharmacy
90 Bimart

90 Bioscrip Pharmacy Brockie Healthcare
90 Brookshire Brothers
90 Brookshire Grocery
90 Buehler Foods Buehlers
C
90 Care Pharmacies Carle Rx Express Carrs Quality Center Central Dakota Pharmacies
90 City Market (Kroger)
90 Coborn's Pharmacy
90 Concord Food Stores Community Distributors Continuing Care Rx

90 Coram
90 Costco Pharmacies Curascript Infusion Pharmacy Curators of the University of Missouri
90 CVS/Pharmacy

D
90 Dahl's Pharmacy
90 Department of Veterans Affairs Pharmacies
90 Dierbergs Pharmacy
90 Dillon's Pharmacy (Kroger)
90 Discount Drug Mart Doc's Drugs Ltd
90 Dominicks Pharmacy Drug Fair Community Drug World Pharmacies
90 Duane Reade Duluth Clinic Pharmacies

E
Eaton Apothecary

F
90 Fagen Pharmacy
90 Fairview Health Services
90 Familymeds
90 FF Acquisition
90 Food Lion

- 90 Fred Meyer (Kroger)
Fred's Pharmacy
Fred's Stores of Tennessee
Fruth Pharmacy
- 90 Frys Food And Drug (Kroger)

G

- Gemmel Pharmacy
- 90 Genuardis Pharmacy
- 90 Giant Eagle Pharmacy
- 90 Giant Food Stores
- 90 Giant Of Maryland
- 90 Gristedes Pharmacy
- 90 GRT Atlantic & Pacific Tea

H

- Haggen Food & Pharmacy — WA
- 90 Hannaford Bros
- 90 Harmons City
- 90 Harris Teeter Pharmacy
Hartig Drug
- 90 Harvard Vanguard Medical Associates
Health Partners
- 90 HEB Grocery
Henry Ford Health System
Hi-School Pharmacy
- 90 HIP Pharmacy Service of NY
- 90 Homeland Stores
Horton and Converse Pharmacy
- 90 Hy-Vee Food Stores

I

- 90 IHC Health Services
Ingles Markets Pharmacy
- 90 Inserra Supermarkets
- 90 Insty Meds

J

- 90 JH Harvey
Jordan Drug

K

- 90 K Mart Pharmacy
- 90 Kash in Karry Food Stores
- 90 Kerr Drug Stores

- 90 King Kullen Pharmacy
- 90 King Soopers Pharmacy (Kroger)
- 90 Kinney Drugs
Klingensmith's Drug Stores
Knight Drugs
Kohl's Pharmacy & Homecare
- 90 Kroger Pharmacy
KS Management Services
K-VA-T Food Stores

L

- 90 Levandowski
Lifechek
- 90 LML Enterprises
- 90 Longs Drug Stores — CA
- 90 Louis and Clark Drug
Lovelace Health Systems

M

- M.K. Stores
- Marc Glassman
- Market Basket Pharmacies
- 90 Marsh Drugs
Marshfield Clinic Pharmacy
- 90 Martins Super Markets
Maxor Pharmacy
- 90 Mays Drug Stores
Med-Fast Pharmacy
- 90 Med-X Drug
- 90 Medfusion Pharmacy
- 90 Medicap Pharmacies
Medicine Centers of Atlanta
- 90 Medicine Shoppe
Mediserv
- 90 Meijer
Mercy Health System
Minyard Food Stores
Moore and King Pharmacy
Morton Drug

N

- 90 Nash Finch
Navarro Discount Pharmacy
- 90 Neighborcare Pharmacy of VA

- Neighborcare Pharmacy Services
- New Albertsons
- Northwest Health Ventures

O

- Omicare Inc.
- 90 Oncology Pharmacy Services
- 90 Option Care

P

- Pacmed Clinics
- 90 Pamida Stores
- 90 Park Nicollet Pharmacy
Parkway Drugs — IL
- 90 Pathmark Stores
Patient First
Pavilion Plaza Pharmacy
- 90 Penn Traffic
- 90 Perlmart/Shoprite
Pharma-Card
- 90 Pharmacy Express Services
- 90 Pharmerica
- 90 Piggly Wiggly
- 90 Price Chopper Pharmacy
Price Cutter Pharmacy
- 90 Procure Pharmacy
Professional Pharmacy Services
- 90 Publix Super Markets

Q

- 90 QFC (Kroger)
- 90 Quality Markets Pharmacy
- 90 Quick Chek Pharmacy Dept

R

- 90 Raley's Pharmacy
- 90 Ralphs (Kroger)
- 90 Randalls
- 90 Rinderer's Drug Stores
- 90 Rite Aid
Ritzman Pharmacy
- 90 Ronetco
Rxd Pharmacy — NJ

S

- Safeway
- Saint Joseph Mercy Pharmacy
- 90 Saker Shoprites
- 90 Sav-Mor Drug Stores
- 90 Save Mart Supermarkets
- 90 Schnucks Markets
- 90 Scott & White Health Plan
- 90 Shaws Supermarket
- 90 Shopko Pharmacy
- 90 Shoprite Supermarkets
- 90 Smiths Food & Drug Centers (Kroger)
- 90 Snyder's Drug Store
- Southern Family Markets
- 90 S R S
- 90 St Johns Mercy Pharmacies
- 90 Stephen L Lafrance Holdings
- 90 Stop & Shop Pharmacy
- 90 Super D Drugs
- 90 Supervalu Pharmacy

T

- 90 Target Pharmacy
- 90 Thrifty Drug Stores
- Times Supermarket
- 90 Tom Thumb Pharmacies
- 90 TOPS Markets
- Trihealth Pharmacy

U

- Ukrops Pharmacy
- 90 United Pharmacy — TX
- University Of Wisconsin
- 90 University Medical Center
- 90 University of Utah Pharmacies
- 90 US Bioservices
- 90 USA/Super D Drug

V

- Value Drugs — NY
- 90 Village Supermarkets
- Von's Pharmacy

W

- 90 Walgreens
- 90 Wal-Mart Pharmacy
- Weber & Judd
- 90 Wegmans Food Market
- 90 Weis Pharmacies
- 90 Winn-Dixie Stores

Z

- 90 Zallie Supermarkets

90 Pharmacy participates in Retail 90 Rx.

Many independent pharmacies also participate in Retail 90 Rx, and additional chains join monthly. For a complete and up-to-date listing, please call customer service.



OPTUMRx™

Prescription Solutions by OptumRx
www.PrescriptionSolutions.com

2300 Main Street, Irvine, CA 92614

Prescription Solutions by 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 www.optum.com.

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Prescription Solutions



Preferred Products Effective May 1, 2012

The Preferred Products List (PPL) includes preferred products for many commonly prescribed medication categories. **This is only a partial listing, and not all products on this list may be covered by your pharmacy benefit plan.** Your specific benefit plan's guidelines regarding quantity limits, step therapy, prior authorization and generic utilization apply.

If you have any questions about product status, or if you are considering a medication that does not appear on this list, please call customer service. We're available 24 hours a day, 7 days a week, or visit our website at **www.PrescriptionSolutions.com**

Changes to the PPL

The PPL is subject to change without notice. Our review committee of independent physicians and pharmacists meets regularly to consider if new and existing prescription medications should be included on the PPL.

The committee makes recommendations based on:

- Clinical safety standards
- Effectiveness
- Cost

The most up-to-date PPL can be found by calling customer service.

Using the PPL

We issue a PPL to help you and your physician choose the most cost-effective prescription products for you. By taking a copy of the PPL with you when you visit your doctor, it serves as a handy guide in selecting medication therapies.

Generics

Generic products are usually preferred and offer the best value. They are also FDA approved to be just as safe and effective as their brand name counterparts. This PPL lists the most common generic products in each medication class. Preferred brands are also listed for each class, when applicable.

Preferred Products

Column Guide

****** Limitations may apply in the form of an electronic step edit or electronic prior authorization

G Generic medication

G* Covered as generic if plan participates in the Brands for Generic program

PB Preferred brand medication

QL Quantity limits may apply

PA Prior authorization may be required

ST Step therapy (Rx Instep Program) may be required

SP Available through the Specialty Pharmacy Program (SPP) — copay determined by plan's benefit design

ALLERGY (Anaphylaxis)

<i>epinephrine inj device</i>	G	QL		
EpiPen	PB	QL		
EpiPen Jr	PB	QL		
Twinject	PB	QL		

ALLERGY (intranasal)

Astepro		PB	QL	
<i>ipratropium</i>	G			
<i>fluticasone</i>	G			
Nasonex		PB	QL	
Veramyst		PB	QL	

nonpreferred products in this class include
 • Nasacort AQ • Patanase • Rhinocort Aqua •

ALZHEIMER AGENTS

Aricept 23 mg**		PB		
<i>donepezil/ODT</i>	G			
<i>galantamine/ER</i>	G			
Namenda		PB		
<i>rivastigmine cap</i>	G			

ANALGESICS and NARCOTICS

generic analgesics	G			
generic narcotics	G		QL	
generic narcotic and analgesic combinations	G			
<i>acet/tramadol</i>	G			
Avinza		PB	QL	
<i>fentanyl TD</i>	G		QL	
<i>fentanyl oral transmucosal</i>	G		QL	PA
Lidoderm		PB	QL	
Nucynta ER		PB		
Oramorph SR		PB	QL	
Oxycontin		PB	QL	
Suboxone SL Film		PB	QL	PA
<i>tramadol</i>	G			

nonpreferred products in this class include
 • Actiq • Fentora •

ANDROGENIC AGENTS — TRANSDERMAL

Androderm		PB	QL	PA
Androgel/Pump		PB	QL	PA

ANTIANGINAL

<i>isosorbide dinitrate</i>	G			
<i>isosorbide mononitrate</i>	G			
<i>nitroglycerin</i>	G			
Ranexa**		PB		

ANTIANSXIETY

<i>alprazolam</i>	G			
<i>buspirone</i>	G			
<i>chlordiazepoxide</i>	G			
<i>clorazepate dipotassium</i>	G			
<i>diazepam</i>	G			
<i>lorazepam</i>	G			
<i>meprobamate</i>	G			
<i>oxazepam</i>	G			

ANTIBIOTICS

all generic antibiotics	G			
<i>amoxicillin</i>	G			
<i>amox/ clavulanate K</i>	G			
Avelox		PB		
Avelox ABC		PB		
<i>azithromycin</i>	G			
<i>cefaclor</i>	G			
<i>cefepodoxime</i>	G			
<i>cephalexin</i>	G			
<i>ciprofloxacin</i>	G			
<i>clarithromycin/ER</i>	G			
<i>clindamycin</i>	G			
<i>dicloxacillin</i>	G			
<i>doxycycline</i>	G			
<i>erythromycin</i>	G			
<i>erythromycin / sulfisoxazole</i>	G			

levofloxacin	G			
metronidazole	G			
minocycline	G			
nitrofurantoin	G			
ofloxacin sol (otic)	G			
penicillin V potassium	G			
smz/tmp	G			
tetracycline	G			

nonpreferred products in this class include
• Biaxin XL • Cefzil • Omnicef •

ANTIBIOTICS — TOPICAL

Bactroban Cream		PB		
Centany		PB		
gentamicin	G			
mupirocin	G			

ANTICOAGULANTS and BLOOD MODIFIERS

Aggrenox		PB		
anagrelide	G			
cilostazol	G			
dipyridamole	G			
Effient		PB		
Plavix		PB		
Pradaxa		PB		PA
ticlopidine	G			
warfarin	G			
Xarelto		PB		PA

ANTICONVULSANTS

acetazolamide	G			
Banzel		PB		
carbamazepine (chewable, suspension, tab, ER tab)	G			
Celontin		PB		
clonazepam	G			
clorazepate dipotassium	G			
diazepam rectal gel	G		QL	
divalproex	G			
Dilantin (ER capsule, Infatabs)		PB		
ethosuximide	G			

felbamate	G			
gabapentin	G			
Gabitril		PB		
Lamictal/CD/ODT/XR		PB		
Lamictal/ODT/XR Starter Kits		PB	QL	
lamotrigine	G			
levetiracetam	G			
Lyrica		PB		
Mebaral		PB		
mephobarbital	G			
oxcarbazepine	G			
Peganone		PB		
phenobarbital	G			
phenytoin (ER cap, suspension)	G			
primidone	G			
Tegretol XR 100mg		PB		
topiramate	G			
valproic acid	G			
zonisamide	G			

nonpreferred products in this class include
• Carbatrol • Depakote/ER • Keppra/XR • Neurontin • Tegretol • Topamax • Trileptal •

ANTIDEPRESSANTS — BIPOLAR DISORDER

all generics	G			
lithium carbonate	G			

ANTIDEPRESSANTS — SNRI TYPE

Cymbalta		PB		
Pristiq		PB		
venlafaxine tablet	G			
venlafaxine ER	G			

ANTIDEPRESSANTS — SSRI TYPE

citalopram	G			
fluoxetine	G			
paroxetine	G			
sertraline	G			

nonpreferred products in this class include
• Celexa • Paxil CR • Zoloft •

ANTIDEPRESSANTS — OTHER

budeprion XL	G			
bupropion/SR	G			
maprotiline	G			
mirtazapine	G			
nefazodone	G			
phenelzine sulfate	G			
tranylcypromine sulfate	G			
trazodone	G			

nonpreferred products in this class include
• Wellbutrin XL •

ANTIDEPRESSANTS — TRICYCLICS

amitriptyline	G			
amoxapine	G			
clomipramine	G			
desipramine	G			
doxepin	G			
imipramine	G			
imipramine PM	G			
nortriptyline	G			
protriptyline	G			
trimipramine	G			

ANTIEMETICS

all generics	G			
dronabinol	G			PA
granisetron	G		QL	
ondansetron	G		QL	

nonpreferred products in this class include
• Anzemet • Kytril • Zofran •

ANTIHISTAMINES

Alavert (Rx OTC Program)	G			
brompheniramine	G			
cetirizine (Rx OTC Program)	G			
clemastine (Rx Only)	G			
cyproheptadine	G			
diphenhydramine (Rx Only)	G			
hydroxyzine	G			
levocetirizine	G			
loratadine (Rx OTC Program)	G			

nonpreferred products in this class include
• Clarinex/D • Xyzal •

**ANTINEOPLASTIC —
HORMONAL AGENTS**

<i>anastrozole</i>	G			
<i>bicalutamide</i>	G			
Emcyt		PB		
<i>exemestane</i>	G			
<i>flutamide</i>	G			
<i>letrozole</i>	G		PA	
Lupron Depot 7.5 MG, 22.5 MG, 30 MG, 45 MG		PB		SP
Lysodren		PB		
<i>megestrol acetate</i>	G			
Nilandron		PB		
<i>tamoxifen</i>	G			

ANTIPSYCHOTIC — ATYPICAL

Abilify		PB		
Abilify Discmelt		PB		
<i>clozapine</i>	G			
<i>olanzapine</i> tablet, ODT	G			
<i>risperidone</i> tablet, M-tab, solution	G			
Saphris		PB		
SeroquelXR		PB		

nonpreferred products in this class include
• Geodon • Risperdal •

ANTIVIRALS — GENERAL

<i>acyclovir</i>	G			
<i>amantadine</i>	G			
<i>famciclovir</i>	G			
<i>rimantadine</i>	G			
<i>valacyclovir</i>	G			

nonpreferred products in this class include
• Famvir • Valtrex •

ANTIVIRALS — HIV

Aptivus		PB		
Atripla		PB		
Complera		PB		
Crixivan		PB		
<i>didanosine</i>	G			
Edurant		PB		
Emtriva		PB		
Epzicom		PB		
<i>lamivudine</i>	G			
lamivudine/zidovudine	G			

Intelence		PB		
Invirase		PB		
Isentress		PB		
Kaletra		PB		
Lexiva		PB		
Norvir		PB		
Prezista		PB		
Rescriptor		PB		
Reyataz		PB		
Selzentry		PB		
<i>stavudine</i>	G			
Sustiva		PB		
Trizivir		PB		
Truvada		PB		
Viracept		PB		
ViramuneXR		PB		
Viread		PB		
Ziagen		PB		
<i>zidovudine</i>	G			

**ASTHMA / CHRONIC
OBSTRUCTIVE PULMONARY
DISEASE (COPD)**

Advair Diskus/HFA		PB	QL	
<i>albuterol</i> (solution, syrup, tablets)	G			
Asmanex		PB	QL	
Atrovent Inhaler		PB		
<i>budesonide susp</i>	G		QL	
Combivent		PB		
<i>cromolyn sodium</i>	G			
Flovent Diskus		PB	QL	
Flovent HFA		PB	QL	
Foradil		PB	QL	
<i>ipratropium</i>	G			
<i>metaproterenol</i> sulfate	G			
ProAir HFA		PB	QL	
Pulmicort Flexhaler		PB	QL	
QVAR		PB	QL	
Serevent Diskus		PB	QL	
Singulair		PB		ST
Spiriva		PB	QL	
Symbicort		PB	QL	
Uniphyll		PB		
Xopenex HFA		PB	QL	
<i>zafirlukast</i>	G			

nonpreferred products in this class include
• Proventil HFA • Ventolin HFA •

**ATTENTION DEFICIT
HYPERACTIVITY DISORDER (ADHD)**

<i>amphetamine</i> <i>dextroamphetamine</i> tablet	G			
Amphetamine ER capsule		PB		
Daytrana		PB		
<i>dexamethylphenidate</i> tablet	G			
<i>dextroamphetamine</i> sulfate	G			
Metadate CD		PB		
<i>methylphenidate</i> tablet, capsule ER	G			
Vyvanse		PB		

nonpreferred products in this class include
• Adderall XR • Concerta • Focalin / XR • Strattera •

BETA BLOCKERS

<i>acebutolol</i>	G			
<i>atenolol w/ chlorthalidone</i>	G			
<i>betaxolol</i>	G			
<i>bisoprolol, w/HCTZ</i>	G			
Bystolic		PB		
<i>carvedilol</i>	G			
<i>labetalol</i>	G			
<i>metoprolol</i> succinate ER	G			
<i>metoprolol tartrate, w/HCTZ</i>	G			
<i>nadolol</i>	G			
<i>pindolol</i>	G			
<i>propranolol, w/HCTZ, ER cap</i>	G			
<i>sotalol / AF</i>	G			
<i>timolol</i>	G			

nonpreferred products in this class include
• Toprol XL • Coreg • Coreg CR •

**BLOOD PRESSURE —
ACE INHIBITORS**

<i>benazepril, w/HCTZ</i>	G			
<i>captopril, w/HCTZ</i>	G			
<i>enalapril, w/HCTZ</i>	G			
<i>fosinopril, w/HCTZ</i>	G			
<i>lisinopril, w/HCTZ</i>	G			
<i>moexipril, w/HCTZ</i>	G			
<i>perindopril</i> <i>erbumine</i>	G			

quinapril, w/HCTZ	G			
ramipril	G			
trandolapril	G			

nonpreferred products in this class include
• Accupril • Altace • Mavik •

BLOOD PRESSURE — ANGIOTENSIN RECEPTOR BLOCKERS

Benicar		PB		
Diovan		PB		
eprosartan	G			
losartan	G			

nonpreferred products in this class include
• Atacand • Cozaar • Micardis • Teveten •

BLOOD PRESSURE — CALCIUM CHANNEL BLOCKERS

amlodipine	G			
diltiazem	G			
felodipine	G			
isradipine	G			
nicardipine	G			
nifedipine	G			
nimodipine	G			
nisoldipine	G			
verapamil	G			

nonpreferred products in this class include
• Norvasc • Sular •

BLOOD PRESSURE — COMBINATION

all generics	G			
amlodipine/ benazepril	G			
Azor		PB		
Benicar-HCT		PB		
Diovan HCT		PB		
Exforge		PB		
Exforge HCT		PB		
losartan/HCTZ	G			
Tarka		PB		
Tekturna HCT**		PB		
Tribenzor		PB		
Valturna**		PB		

nonpreferred products in this class include
• Atacand HCT • Hyzaar •
• Lotrel 2.5/10, 5/10, 5/20, 10/20 •
• Micardis HCT • Teveten HCT •

BLOOD PRESSURE — OTHER

Tekturna**		PB		
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CHOLESTEROL LOWERING

Advicor		PB		
amlodipine/atorvastatin	G			
Antara		PB		
atorvastatin	G			
cholestyramine	G			
colestipol	G			
Crestor		PB		
fenofibrate	G			
fenofibrate micronized	G			
gemfibrozil	G			
Lipitor		PB		
Lipofen		PB		
lovastatin	G			
Lovaza		PB		
Niaspan		PB		
pravastatin	G			
Simcor**		PB		
simvastatin	G			
Tricor		PB		
Trilipix		PB		
Vytorin		PB		
Welchol		PB		

nonpreferred products in this class include
• Caduet • Fenoglide • Lescol/XL •
• Pravachol • Triglide • Zocor •

CONTRACEPTIVES

all generics	G			
Beyaz		PB		
Natazia		PB		
Nuvaring		PB		
Safyral		PB		

nonpreferred products in this class include
• Estrostep Fe • Mircette •
• Ortho Evra • Yasmin •

DERMATOLOGICALS — ACNE/ROSACEA

all generics	G			
adapalene Cream/Gel	G		QL	
Azelex		PB		
Benzamycin		PB		
clindamycin/BP gel	G		QL	
Klaron		PB		
MetroCream		PB		
MetroGel		PB		
MetroLotion		PB		
Finacea / Finacea Plus		PB	QL	
Retin-A Micro/Pump*		PB	QL*	

nonpreferred products in this class include
• Noritate •

DERMATOLOGICALS — CORTICOSTEROID

all generics	G			
aclometasone	G			
amcinonide	G			
betamethasone	G			
clobetasol	G			
desonide	G			
desoximetasone	G			
diflorasone	G			
fluocinolone	G			
fluocinonide	G			
halobetasol	G			
mometasone	G			
triamcinolone	G			

nonpreferred products in this class include
• Locoid Lipocream •

DERMATOLOGICALS — MISCELLANEOUS

all generics	G			
Carac		PB		
Analpram-HC		PB		
Condylox Gel		PB		
Ovide		PB		
Pramosone Cream 1-1%		PB		

ANTI-DIABETIC

acarbose	G			
acetohexamide	G			
ActoPlus Met		PB		
Actos		PB		
Byetta		PB	QL	ST
chlorpropamide	G			
Duetact		PB		
Fortamet		PB		
glimepiride	G			
glipizide/ER	G			
glipizide/metformin	G			
glyburide	G			
glyburide micronized	G			
glyburide/metformin	G			
Humalog cartridge		PB		
Humalog KwikPen		PB		
Humalog pen		PB		
Humalog vial	G*	PB		
Humulin cartridge		PB		
Humulin pen		PB		
Humulin vial (not Conc.)	G*	PB		
Janumet		PB		

Janumet XR		PB		
Januvia		PB		
Lantus		PB		
Lantus OptiClik		PB		
Lantus SoloSTAR		PB		
Levemir		PB		
metformin / ER	G			
Novolin cartridge		PB		
Novolin innolet		PB		
Novolin pen		PB		
Novolin vial	G*	PB		
Novolog cartridge		PB		
Novolog innolet		PB		
Novolog Mix		PB		
Novolog pen		PB		
Novolog vial	G*	PB		
Onglyza		PB		
Prandimet		PB		
Prandin		PB		

nonpreferred products in this class include
 • Actoplus met XR • Metaglip • Prandin •
 • Starlix • Symlin •

DIABETIC SUPPLIES
 (BY PRESCRIPTION ONLY)

Test strips by Roche

ACCU-CHEK® Active	G*	PB	QL	
ACCU-CHEK® Aviva	G*	PB	QL	
ACCU-CHEK® Aviva Plus	G*	PB	QL	
ACCU-CHEK® Comfort Curve	G*	PB	QL	
ACCU-CHEK® Compact	G*	PB	QL	
Chemstrip®		PB		

Test Strips and Lancets by Bayer HealthCare

Bayer BREEZE®2	G*	PB	QL	
Bayer CONTOUR®	G*	PB	QL	
Microlet Lancets		PB		

Test strips by Arkray

Glucocard O1	G		QL	
Glucocard Vital	G		QL	

Needles by Novo Nordisk

NovoFine® (all)		PB		
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Syringes by Abbott MediSense

Precision brand syringes	G*	PB		
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DIURETICS

amiloride / with HCTZ	G			
bumetanide	G			

chlorthalidone	G			
furosemide	G			
hydrochlorothiazide	G			
indapamide	G			
metolazone	G			
spironolactone / with HCTZ	G			
torseamide	G			
triamterene/HCTZ	G			

nonpreferred products in this class include
 • Dyrenium •

ENDOCRINE AND METABOLIC AGENTS — MISCELLANEOUS

Zemplar		PB		
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GASTROINTESTINAL AGENTS (ANTI-ULCER)

cimetidine	G			
Dexilant		PB		
famotidine 40mg	G			
Helidac		PB	QL	
lansoprazole	G			
Nexium		PB		
omeprazole	G			
pantoprazole	G			
Prilosec OTC (Rx OTC Program)	G			
Pylera		PB	QL	
ranitidine 300mg tablets	G			
sucralfate	G			

nonpreferred products in this class include
 • Aciphex • Prevacid • Prilosec •
 • Protonix • Zegerid •

GASTROINTESTINAL AGENTS — MISCELLANEOUS

Amitiza**		PB		
Apriso		PB		
Asacol (not HD)		PB		
balsalazide	G			
budesonide cap SR	G			
Canasa		PB		
clidinium/ chlordiazepoxide	G			
Creon		PB		
dicyclomine	G			
diphenoxylate/ atropine	G			
Donnatal Extentabs		PB		
glycopyrrolate tab	G			
hyoscyamine sulfate	G			
mesalamine enema	G			

mesalamine kit	G	QL		
methscopolamine tab	G			
metoclopramide	G	QL		
phenobarbital/ belladonna alkaloids	G			
sulfasalazine	G			
Zenpep		PB		

nonpreferred products in this class include
 • Colazal •

GENITOURINARY AGENTS

Enablex		PB		
Gelnique		PB	QL	
hyoscyamine	G			
oxybutynin/ER	G			
Oxytrol		PB	QL	
Vesicare		PB		

nonpreferred products in this class include
 • Detrol / LA • Ditropan XL • Sanctura / XR •

GOUT AGENTS

allopurinol	G			
colchicine	G		QL	
probenecid	G			
Uloric		PB		

GROWTH HORMONES

Nutropin / AQ		PB		PA	SP
Saizen		PB		PA	SP
Tev-Tropin		PB		PA	SP

nonpreferred products in this class include
 • Genotropin • Humatrope • Norditropin •
 • Omnitrope • Serostim •

HEMATOPOIETIC GROWTH FACTORS

Aranesp		PB		PA	SP
Neulasta		PB		PA	SP
Neupogen		PB		PA	SP
Procrit		PB		PA	SP

HEPATITIS AGENTS

Incivek		PB		PA	
Infergen		PB		PA	SP
Pegasys/ ProClick		PB		PA	SP
ribavirin	G				

HORMONE REPLACEMENT THERAPY

Alora		PB	QL		
Climara Pro		PB	QL		
Divigel		PB			
Estraderm		PB	QL		
estradiol patch	G		QL		

estradiol tablets	G			
estrogens, esterified	G			
estropipate	G			
medroxyprogesterone acetate tablet	G			
Menest	G			
norethindrone acetate	G			
Premarin		PB		
Premphase		PB		
Prempro		PB		

nonpreferred products in this class include
• Activella •

IMMUNOSUPPRESSIVE AGENTS — ORAL

azathioprine	G			
Cellcept		PB		
cyclosporine	G			
mycophenolate mofetil	G			
tacrolimus	G			

IMMUNOSUPPRESSIVE AGENTS — TOPICAL

Elidel		PB	QL	PA
Protopic		PB	QL	PA

INFERTILITY

Bravelle		PB		SP
Cetrotide		PB		
Follistim AQ		PB		SP
Gonal-f		PB		
Menopur		PB		SP
Novarel		PB		SP
Ovidrel		PB		
Repronex		PB		SP

ANTI-INFLAMMATORY (NON-STEROIDAL)

all generics	G			
diclofenac	G			
etodolac/ER	G			
ibuprofen (Rx only)	G			
ketorolac	G		QL	
nabumetone				
naproxen	G			
oxaprozin	G			
piroxicam	G			
salsalate	G			
sulindac	G			
Vimovo**		PB		

LAXATIVES

PEG-3350 and electrolyte sol.	G		QL	
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MIGRAINE

isometheptene/dichloralphenazone	G			
Maxalt/MLT		PB	QL	
naratriptan	G		QL	
sumatriptan	G		QL	
Zomig/ZMT/Nasal		PB	QL	

nonpreferred products in this class include
• Amerge • Axert • Frova •
• Imitrex • Midrin • Relpax •

MULTIPLE SCLEROSIS

Avonex		PB	QL	PA	SP
Copaxone		PB	QL	PA	SP
Rebif		PB	QL	PA	SP

nonpreferred products in this class include
• Betaseron • Extavia •

MUSCLE RELAXANTS (skeletal)

baclofen	G			
carisoprodol	G			
chlorzoxazone	G			
cyclobenzaprine	G			
dantrolene	G			
metaxalone	G			
methocarbamol	G			
orphenadrine / with ASA/caffeine	G			
tizanidine	G			

OPHTHALMIC — ANTIALLERGIC

azelastine drops	G		QL	
cromolyn	G			
Pataday		PB	QL	
Patanol		PB	QL	

nonpreferred products in this class include
• Elestat •

OPHTHALMIC — ANTIBIOTICS

all generics	G		QL	
ciprofloxacin solution	G		QL	
Natacyn		PB	QL	
Moxeza		PB	QL	
ofloxacin drops	G		QL	
Vigamox		PB	QL	

OPHTHALMIC — MISCELLANEOUS

all generics	G			
Alphagan P		PB	QL	
Azopt		PB		
Betimol		PB		
Betoptic S		PB		
brimonidine	G		QL	
Combigan		PB	QL	
dipivefrin	G			
dorzolamide sol.	G			
dorzolamide/timolol sol	G			
timolol	G			

OPHTHALMIC — NSAIDS

diclofenac	G		QL	
flurbiprofen	G		QL	
Nevanac		PB	QL	

nonpreferred products in this class include
• Voltaren •

OPHTHALMIC — PROSTAGLANDINS

Lumigan (0.01% and 0.03%)		PB		
Travatan Z		PB	QL	

OPHTHALMIC — STEROIDS

all generics	G			
Tobradex		PB		

OSTEOPOROSIS

Actonel		PB	QL	
Actonel with Calcium		PB	QL	
alendronate	G		QL	
Atelvia		PB	QL	
Boniva		PB	QL	
calcitonin nasal spray	G		QL	
Evista		PB		
Fosamax Oral Solution		PB	QL	

nonpreferred products in this class include
• Forteo • Fosamax •

ANTI-PARKINSONS

all generics	G			
Comtan		PB		
pramipexole	G			
ropinirole	G			

nonpreferred products in this class include
• Mirapex • Requip •

PHOSPHATE BINDER AGENTS

calcium acetate (phosphate binder) cap	G			
Eliphos		PB		
Fosrenol		PB		
Renvela/Pak		PB		
Renagel		PB		

PROSTATE (enlarged)

Avodart		PB		
doxazosin	G			
finasteride	G			
Jalyn		PB		
Rapaflo		PB		
tamsulosin	G			
terazosin	G			

nonpreferred products in this class include
• Flomax • Uroxatral •

ANTI-PSORIATICS

all generics	G			
Dovenox		PB		
Soriatane/CK		PB	QL	
Tazorac		PB		
Vectical		PB		

PULMONARY ARTERIAL HYPERTENSION (PAH)

Letairis		PB		PA
Revatio (tablet)		PB		PA
Tracleer		PB		PA

nonpreferred products in this class include
• Adcirca • Tyvaso •

SALIVA STIMULANTS

Evoxac		PB		
pilocarpine tablets	G			

SEDATIVE HYPNOTICS

Lunesta		PB		
temazepam	G			
triazolam	G			
zaleplon	G			
zolpidem/ER	G			

nonpreferred products in this class include
• Ambien • Rozerem • Sonata •

SEXUAL DYSFUNCTION — ORAL

Cialis		PB	QL	
yohimbine	G			

nonpreferred products in this class include
• Levitra • Viagra •

TNF ANTAGONISTS

Cimzia		PB	QL	PA	SP
Enbrel		PB	QL	PA	SP
Humira		PB	QL	PA	SP
Remicade (Specialty Pharmacy Program only)		PB		PA	SP
Simponi		PB	QL	PA	SP

nonpreferred products in this class include
• Kineret •

VISCOSUPPLEMENTS*

Euflexxa		PB		PA	SP
Orthovisc		PB		PA	SP
Synvisc		PB		PA	SP
Synvisc One		PB		PA	SP

*Specialty Pharmacy Program only

SMOKING CESSATION

bupropion SR	G			
Chantix		PB		
Zyban		PB		

THYROID AGENTS

levothyroxine	G			
levoxyl	G			
liothyronine	G			
methimazole	G			
NP Thyroid	G			
Synthroid		PB		
unithroid	G			



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www.PrescriptionSolutions.com

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Prescription Solutions

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Common Preferred Alternatives



A Preferred Products List (PPL) includes brand name and generic medications that may be covered under your pharmacy benefit plan. When your doctor prescribes a new medication, the PPL can help you choose the lowest out-of-pocket cost options. If you are already using a nonpreferred medication and are interested in lowering your costs, a preferred alternative, many of which are generics, may be right for you. Preferred alternatives are all about giving you choices when making medication therapy decisions with your doctor.

Saving Money

Keeping your medication costs down is important. Our common preferred alternatives list can help. If you are using a medication in the nonpreferred brand column, consider asking your doctor about a preferred generic or preferred brand alternative. These preferred alternatives may be just as effective and could save you money too.

Generics Offer Greatest Savings

Generics, when available, offer you the greatest savings. They are safe, effective and reliable alternatives to higher priced brand products. Always check with your doctor to see if a generic product is available.

Common Preferred Alternatives List

The following list shows common nonpreferred brand products and preferred alternatives, but is not intended to include all products. A current listing of our preferred products is available by calling our customer service center. This list is subject to change without notice.

Common Preferred Alternatives List

Nonpreferred Brands	Preferred Generics	Preferred Brands
Aciphex	<i>lansoprazole, omeprazole, pantoprazole, Prilosec OTC *</i>	Dexilant, Nexium
Amerge	<i>naratriptan, sumatriptan</i>	Maxalt/MLT, Zomig
Atacand/HCT	<i>irbesartan/hctz, losartan/hctz</i>	Benicar/HCT, Diovan/HCT
Axert	<i>naratriptan, sumatriptan</i>	Maxalt/MLT, Zomig
OneTouch® test strips by Lifescan Inc., A Johnson & Johnson company	GLUCOCARD® Vital™ GLUCOCARD® 01	Accu-Check®** test strips by Roche Diagnostics, BAYER®** blood glucose test strips by Bayer HealthCare: BAYER® BREEZE®2, BAYER® CONTOUR®
Clarinet/D	<i>Alavert/D*, cetirizine*, levocetirizine, loratadine/D*</i>	
Cozaar	<i>irbesartan, losartan</i>	Benicar, Diovan
Fenoglide	<i>fenofibrate, fenofibrate micronized, gemfibrozil</i>	Antara, Lipofen, Tricor, Trilipix
Fosamax	<i>alendronate</i>	Actonel, Boniva
Frova	<i>naratriptan, sumatriptan</i>	Maxalt/MLT, Zomig
Hyzaar	<i>irbesartan/hctz, losartan/hctz</i>	Benicar HCT, Diovan HCT
Imitrex	<i>naratriptan, sumatriptan</i>	Maxalt/MLT, Zomig
Kytril	<i>granisetron, ondansetron</i>	
Lescol/XL	<i>atorvastatin, lovastatin, pravastatin, simvastatin</i>	Crestor, Vytorin
Prevacid	<i>lansoprazole, omeprazole, pantoprazole, Prilosec OTC *</i>	Dexilant, Nexium
Prilosec	<i>lansoprazole, omeprazole, pantoprazole, Prilosec OTC *</i>	Dexilant, Nexium
Protonix	<i>lansoprazole, omeprazole, pantoprazole, Prilosec OTC *</i>	Dexilant, Nexium

Nonpreferred Brands	Preferred Generics	Preferred Brands
Proventil HFA		ProAir HFA, Xopenex HFA
Relpax	<i>naratriptan, sumatriptan</i>	Maxalt./MLT, Zomig
Rozerem	<i>flurazepam, temazepam, triazolam, zolpidem/ER, zaleplon</i>	Lunesta
Teveten	<i>irbesartan, losartan</i>	Benicar, Diovan
Toviaz	<i>oxybutynin/ER</i>	Enablex, Gelnique, Oxytrol, Vesicare
Triglide	<i>fenofibrate, fenofibrate micronized, gemfibrozil</i>	Antara, Lipofen, Tricor, Trilipix
Ventolin HFA		ProAir HFA, Xopenex HFA
Xalatan	<i>latanoprost</i>	Lumigan, Travatan Z
Zegerid	<i>lansoprazole, omeprazole, pantoprazole, Prilosec OTC*</i>	Dexilant, Nexium
Zofran	<i>granisetron, ondansetron</i>	

* Covered only if plan participates in the Rx OTC Program.

** Generic copay applies as part of the Brands for Generic Program.



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Prescription Solutions



Quantity Limits on Medications

Your pharmacy benefit plan's quantity limits program protects you and can help you get the best results from your medication therapy. Along with supporting safe and appropriate dosing, quantity limits can also keep prescription drug costs lower for you and your benefit plan sponsor.

Determining Quantity Limits

Quantity limits are meant to minimize the risk of over-dosing and unwanted drug interactions. Quantity limit rules are based on:

- Food and Drug Administration (FDA) approved indications
- Manufacturer's package labeling instructions
- Well-accepted or published clinical recommendations

Establishing Guidelines for Use

Our review committee of independent doctors and pharmacists meets regularly to review medications and consider how they should be covered by pharmacy benefit plans. They also recommend quantity limit guidelines.

List of Medications with Quantity Limit

MEDICATION NAME	THERAPY CLASS	LIMIT
Abstral	Narcotic analgesic	120 units per month (4 per day)
Acanya	Dermatological — Acne	1 kit per month
Actiq (<i>fentanyl oral transmucosal</i>)	Narcotic analgesic	120 units per month (4 per day)
Actonel 35 mg	Osteoporosis	4 tablets per 28 days
Actonel 75 mg	Osteoporosis	2 tablets per 30 days
Actonel 150 mg	Osteoporosis	1 tablet per 30 days
Acular	Ophthalmic NSAID	15 mL per month
Acular LS	Ophthalmic NSAID	5 mL per month
Acuvail	Ophthalmic NSAID	65 units per 180 days
Adoxa (<i>doxycycline monohydrate</i>) 100 mg, 150 mg	Antibiotic	30 tablets per prescription
Adoxa (<i>doxycycline monohydrate</i>) 50 mg, 75 mg	Antibiotic	20 tables per prescription
Adoxa CK kit, TT kit	Antibiotic	1 Kit per prescription
Adrenacllick (<i>epinephrine inj device</i>)	Anaphylactic Emergency	2 devices per prescription
Advair Diskus/HFA	Asthma/COPD	1 device per month
Aerobid, Aerobid-M	Asthma/COPD	3 devices per month
Afinitor	Cancer	1 month supply per disensing
Aldara	Dermatological — Misc.	36 packets per 112 days (one copay per 12 packets)
Alocril	Ophthalmic antiallergic	3 (5 ml) bottles per month
Alomide	Ophthalmic antiallergic	3 (10 ml) bottles per month
Alora	Hormone replacement therapy	8 patches per 28 days
Alphagan P	Ophthalmic — Misc.	10 mL per month
Alrex	Ophthalmic steroid	3 (5 ml) bottles per month
Altabax	Antibiotics — Topical	1 tube per month
Alvesco	Asthma/COPD	2 devices per month
Amerge (<i>naratriptan</i>)	Acute migraine therapy	18 tablets per month
Androderm 2.5 mg	Androgenic Agents	60 patches (1 box) per month
Androderm 2 mg 4 mg and 5 mg	Androgenic Agents	30 patches (1 box) per month
Androgel 1% (50 mg)	Androgenic Agents	300 gm per month
Androgel 1% (25 mg)	Androgenic Agents	30 packets per month
Androgel Pump 1.62%	Androgenic Agents	150 gm (2 pump bottles) per month
Anzemet 50 mg	Nausea and vomiting	6 tablets per Rx
Amzemet 100 mg	Nausea and vomiting	3 tablets per Rx
Aranesp	Hematopoietic agent	28 day supply per dispense

MEDICATION NAME	THERAPY CLASS	LIMIT
Asmanex 110 mcg	Asthma/COPD	1 device per month
Asmanex 220 mcg	Asthma/COPD	1 device per month
Astelin	Allergy — Intranasal	2 (30 ml) devices per month
Astepro	Allergy — Intranasal	2 (30 ml) devices per month
Atelvia	Osteoporosis	4 tablets per 28 days
Avinza 120 mg	Narcotic analgesic	60 capsules per month (2 per day)
Avinza 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Narcotic analgesic	30 capsules per month (1 per day)
Avonex	Multiple sclerosis	4 injections per month
Axert	Acute migraine therapy	12 tablets per month
Axiron	Androgenic Agents	2 (90 mL) bottles per month
Azasite	Ophthalmic antibiotic	1 (2.5 ml) bottle per month
Azmacort	Asthma/COPD	2 devices per month
Beconase AQ	Allergy — Intranasal	2 (25 gm) devices per month
Benzaclin (<i>clindamycin / BP gel</i>)	Acne	50 gm per month
Benzaciln with pump	Acne	50 gm per month
Bepreve	Ophthalmic antihistamine	1 (10 mL) bottle per month
Besivance	Ophthalmic antibiotic	5 mL per month
Betaseron	Multiple Sclerosis	14 injections per month
Blood glucose testing strips (all brands and generics)	Diabetic testing supplies	150 test strips per month
Boniva 150mg	Osteoporosis	1 tablet per 30 days
Brevoxyl-8 Creamy Wash Kit	Acne	1 Kit per month
Brimonidine sol.	Ophthalmic-misc	10 mL per month
Bromday	Ophthalmic antiallergic	1 bottle (1.7 mL) per month
Butrans	Narcotic analgesic	1 box (4 patches) per 28 days
Bydureon	Diabetes	4 vials per month
Byetta	Diabetes	1 pen (60 doses) per month
Cambia	Acute Migraine Therapy	9 packets per month
Caprelsa (<i>vandetanib</i>)	Cancer	1 month supply per dispensing
Catapres-TTS -1 (<i>clonidine TD patch-1</i>)	Blood Pressure	5 patches per month
Catapres-TTS -2, -3 (<i>clonidine TD patch -2, -3</i>)	Blood Pressure	10 patches per month
Cesamet	Nausea and vomiting	20 capsules per copay
Cialis 2.5 mg, 5 mg	Sexual dysfunction	30 tablets per month
Cialis 10 mg, 20 mg	Sexual dysfunction	6 tablets per month

MEDICATION NAME	THERAPY CLASS	LIMIT
Ciloxan Ophthalmic Ointment	Ophthalmic antibiotic	7 gm per month
Ciloxan Ophthalmic Solution	Ophthalmic antibiotic	10 mL per month
Cimzia	TNF Antagonist	2 doses per 28 days
Cimzia Starter Kit	TNF Antagonist	1 kit per 365 days
Ciprofloxacin Ophthalmic Solution	Ophthalmic antibiotic	10 mL per month
Climara	Hormone replacement therapy	4 patches per 28 days
Climara Pro	Hormone replacement therapy	4 patches per 28 days
Combigan	Glaucoma	10 mL per month
Combipatch	Hormone replacement therapy	8 patches per 28 days
Copaxone	Multiple Sclerosis	30 injections per month
Cordran	Topical corticosteroid	60 mL per month
Cordran SP	Topical corticosteroid	60 gm per month
Cordran Tape	Topical corticosteroid	1 box per month
Diastat (<i>diazepam rectal gel</i>)	Seizure disorder	2 boxes per prescription
Desonil Plus Kit (cream and ointment)	Topical corticosteroid	1 kit (130 gm) per month
Diclofenac Ophthalmic Solution	Ophthalmic — NSAIDS	7.5 mL per month
Differin (<i>adapalene</i>) cream	Acne	1 tube (45 gm) per month
Differin Lotion	Acne	1 bottle (59 mL) per month
Differin (<i>adapalene</i>) gel	Acne	1 tube (45 gm) per month
Diflucan (<i>fluconazole</i>) 150 mg	Antifungal	1 tablet per copay
Doryx 100 mg	Antibiotic	30 tablets per prescription
Doryx 75 mg	Antibiotic	20 tablets per prescription
Duac CS	Acne	1 kit per 30 days
Dulera	Asthma/COPD	1 device per month
Duragesic (<i>fentanyl TD</i>) 12.5 mcg, 25 mcg, 50 mcg	Narcotic analgesic	15 patches per month
Duragesic (<i>fentanyl TD</i>) 75 mcg, 100 mcg	Narcotic analgesic	30 patches per month
Elestat	Ophthalmic antiallergic	2 (5 ml) bottles per 30 days
Elidel	Immunosuppressive Agent — Topical	100 gm (1 tube) per month
Ella	Emergency contraceptive	1 tablet per prescription
Embeda	Narcotic analgesic	60 capsules per month (2 per day)
Emend (combo pack) 125 mg - 80 mg	Nausea and vomiting	1 pack per dispensing
Emend 40 mg & 125 mg	Nausea and vomiting	1 capsule per dispensing
Emend 80 mg	Nausea and vomiting	2 capsules per dispensing

MEDICATION NAME	THERAPY CLASS	LIMIT
Enbrel 25mg	TNF Antagonist	8 doses per 28 days
Enbrel 50 mg	TNF Antagonist	4 doses per 28 days
Epiduo	Acne	45 gm per month
EpiPen, EpiPen Jr	Anaphylactic Emergency	2 Devices per prescription
Epogen	Hematopoietic agent	28 day supply per dispense
Estraderm	Hormone replacement therapy	8 patches per 28 days
Estradiol TD patch weekly	Hormone replacement therapy	4 patches per 28 days
Estrasorb	Hormone replacement therapy	56 packets per 28 days
Estrogel	Hormone replacement therapy	1 bottle (93 gm) per month
Evoclin (<i>clindamycin phosphate foam</i>)	Dermatological — Acne	50 gm per month
Estring	Hormone replacement therapy	1 device per 3 months (3 copays)
Exalgo	Narcotic analgesic	6 tablets per day
Extavia	Multiple Sclerosis	15 injections per month
Femring	Hormone replacement therapy	1 device per 3 months (3 copays)
Fentora	Narcotic analgesic	120 units per month (4 per day)
Finacea	Acne/Rosacea	1 tube (50 gm) per 30 days
Finacea Plus	Acne/Rosacea	1 kit per 30 days
Flovent Diskus 250 mcg	Asthma/COPD	240 blisters per month
Flovent Diskus 50 mcg, 100 mcg	Asthma/COPD	120 blisters per month
Flovent HFA	Asthma/COPD	2 devices per month
Flurbiprofen Ophthalmic Solution	Ophthalmic — NSAIDS	2.5 mL per month
Foradil	Asthma/COPD	60 capsules per month
Forteo	Osteoporosis	24 months of therapy
Fortesta	Androgenic Agents	2 (60 gm) bottles per month
Fortical (<i>calcitonin</i>) nasal spray	Osteoporosis	3.8 ml per month
Fosamax 35 mg, 70 mg	Osteoporosis	4 tablets per 28 days
Fosamax D 70/2800, 70/5600	Osteoporosis	4 tablets per 28 days
Fosamax Oral Solution	Osteoporosis	375ml per month
Frova	Acute migraine therapy	18 tablets per month
Fuzeon	HIV antiviral	1 kit per 30 days
Gelnique Gel	Genitourinary	30 sachets per month (1 sachet daily)
Gleevec	Cancer	1 month supply per dispensing
Golytely (<i>PEG 3350 electrolyte sol</i>)	Laxatives	4000 mL per prescription
Gralise Starter Kit	Diabetic Peripheral Neuropathy	1 kit per prescription

MEDICATION NAME	THERAPY CLASS	LIMIT
Granisol oral sol.	Nausea and vomiting	30 mL per 3 days
Helidac	Ulcer therapy	1 kit per 6 months
Humira	TNF Antagonist	1 package (2 doses) per 28 days
Humira Crohn's Disease Starter Kit	TNF Antagonist	1 kit per year
Humira Psoriasis Starter Kit	TNF Antagonist	1 kit per year
Imitrex (<i>sumatriptan</i>) 25 mg, 50 mg, 100 mg	Acute migraine therapy	18 tablets per month
Imitrex (<i>sumatriptan</i>) Injections	Acute migraine therapy	4 kits per month
Imitrex (<i>sumatriptan</i>) Nasal Spray	Acute migraine therapy	12 devices (2 packages) per month
Iquix	Ophthalmic antibiotic	15 mL per month
Iressa	Cancer	1 month supply per dispensing
Jolessa	Oral contraceptive	1 package per 91 days (3 copays)
Kadian	Narcotic analgesic	60 capsules per month (2 per day)
Ketek	Antibiotics	20 dosage units per 30 days
ketorolac 10 mg	Analgesics and narcotics	20 tablets per month
Kineret	Rheumatoid arthritis	1 kit per 28 days
Kytril (<i>granisetron</i>)	Nausea and vomiting	6 tabs per prescription or 3 day supply (which ever is least)
Lamictal/ODT/XR Starter Kit	Anticonvulsants	1 box per prescription
Lastacaft	Ophthalmic Antihistamine	1 (3 mL) bottle per month
Lazanda	Narcotic Analgesic	30 bottles per month (1 per day)
Levitra	Sexual dysfunction	6 tablets per month
Lidoderm	Anesthetic patch	3 boxes (90 patches) per month or 3 patches per day
Livostin	Ophthalmic antiallergic	2 (5 ml) bottles per month
Lo-Seasonique	Oral contraceptive	1 package per 91 days (3 copays)
Lotemax	Ophthalmic steroids	15 mL per month
Lumigan	Glaucoma	1 (2.5 ml) bottle per month
Lupron Depot 11.25, 22.5	Cancer	1 unit per 90 days
Luveris	Infertility	14 vials per copay
Lysteda	Hemostatic Agent	30 tablets per month
Maxalt and Maxalt MLT	Acute migraine therapy	18 tablets per month
Menostar	Osteoporosis	4 patches per 28 days
Mesalamine Kit	Gastrointestinal — Misc.	1 kit per 7 days
Metoclopramide	Gastrointestinal — Misc.	12 weeks of therapy per 6 months
Metozolv ODT	Gasteointestinal — Misc.	12 weeks of therapy per 6 months
Miacalcin (<i>calcitonin</i>) nasal spray	Osteoporosis	3.8 ml per month

MEDICATION NAME	THERAPY CLASS	LIMIT
Migranal	Acute migraine therapy	8 units (1 kit) per month
Monodox (<i>doxycycline</i>) 75 mg cap	Antibiotic	20 capsules per prescription
Morgidox Kit	Antibiotic	1 kit per month
Moxeza	Ophthalmic antibiotic	1 (3 mL) bottle per prescription
MS contin (<i>morphine sulfate ER</i>) 15 mg, 30 mg, 60 mg, 100 mg	Narcotic analgesic	120 tablets per month (4 per day)
MS contin (<i>morphine sulfate ER</i>) 200 mg	Narcotic analgesic	90 tablets per month (3 per day)
Namenda Titration Pak	Alzheimers Agent	1 kit per month
Nasacort AQ (<i>triamcinolone acetonide nasal inhaler</i>)	Allergy — Intranasal	1 (16.5 gm) device per month
Nasonex	Allergy — Intranasal	2 (17 gm) devices per month
Natacyn	Ophthalmic antibiotic	1 (15 ml) bottle per 15 days
Neulasta	Hematopoietic agent	28 day supply per dispense
Neupogen	Hematopoietic agent	28 day supply per dispense
Nevanac	Ophthalmic NSAID	6 mL per month
Nexavar	Cancer	1 month supply per dispensing
Nucynta 50 mg, 75 mg	Narcotic analgesic	180 tablets per month (6 per day)
Nucynta 100 mg	Narcotic analgesic	210 tablets per month (7 per day)
Nulytely	Gastrointestinal - misc.	4000 mL pre prescription
Ocudox Kit	Antibiotic	1 kit per prescription
Ocufen (<i>flurbiprofen</i>)	Ophthalmic NSAID	2.5 mL per month
Ocuflox	Ophthalmic antibiotic	10 mL per month
Ofloxacin Ophthalmic Drops	Ophthalmic antibiotic	10 mL per month
Omnaris	Allergy — Intranasal	1 device (12.5 gm) per month
Onsolis	Narcotic analgesic	120 units per month (4 per day)
Opana (<i>oxymorphone</i>)	Narcotic analgesic	180 tablets per month (6 per day)
Opana ER	Narcotic analgesic	120 tablets per month (4 per day)
Optivar	Ophthalmic antiallergic	2 (5 ml) bottles per 30 days
Oramorph SR	Narcotic analgesic	120 tablets per month (4 per day)
Oravig	Antifungal	14 tablets per dispensing
Orencia 125 mg	TNF Antagonist	4 ml (4 syringes) per month
Oxycontin	Narcotic analgesic	270 tablets per month
Oxytrol	Genitourinary	8 patches per 28 days
Pataday	Ophthalmic antiallergic	2 (2.5 ml) bottles per 30 days
Patanase	Allergy — Intranasal	1 (30.5 ml) bottle per month

MEDICATION NAME	THERAPY CLASS	LIMIT
Patanol	Ophthalmic antiallergic	2 (5 ml) bottles per 30 days
Plan B One-Step	Emergency contraceptive	1 tablet per prescription
Prevacid NapraPAC	Analgesic/anti-ulcer combination	1 box (84 units) per month
Prevpac	H. pylori	14 daily dose cards per 6 months
ProAir HFA	Asthma/COPD	2 devices per month
Procrit	Hematopoietic agent	28 day supply per dispense
Protopic	Immunosuppressive Agent — Topical	100 gm (1 tube) per month
Proventil HFA	Asthma/COPD	2 devices per month
Prozac Weekly	SSRI antidepressant	4 capsules per month
Pulmicort	Asthma/COPD	2 devices per month
Pylera	H. pylori	120 tablets per 6 months
Qnasl	Allergy-Intranasal	1 device per month
Quixin	Ophthalmic antibiotic	10 mL per month
QVAR 40 mcg	Asthma/COPD	2 devices per month
QVAR 80 mcg	Asthma/COPD	3 devices per month
Rebif	Multiple Sclerosis	12 injections per 28 days
Rebif Titration Pack	Multiple Sclerosis	1 titration pack per year
Regenecare Wound Gel	Wound care	1 copay per package
Reglan	Gastrointestinal — Misc.	12 weeks of therapy per 6 months
Regranex	Wound care	2 (15 gm) tubes per month
Relenza	Influenza antiviral	20 blisters per month
Relpax	Acute migraine therapy	12 tablets per month
Restasis	Ophthalmic-other	2 per day
Retin-A Micro	Dermatological — Acne	50 gm per month
Revlimid	Cancer	28 day supply per dispense
Rhinocort Aqua	Allergy — Intranasal	2 (8.6 gm) devices per month
Rosula aerosol, foam	Acne	1 can (100 gm) per month
Rosula Cleanser	Acne	1 bottle (355 mL) per month
Rosula CLK Kit	Acne	1 Kit per month
Rosula Gel 10-5%	Acne	1 tube (45 gm) per month
Rosula NS	Acne	2 boxes (60 pads) per month
Rosula Wash	Acne	1 bottle (473 mL) per month
Rowasa Kit	Gastrointestinal — Misc.	1 kit per 7 days
Sancuso	Nausea and vomiting	1 patch per copay

MEDICATION NAME	THERAPY CLASS	LIMIT
Savella Titration Pack	Fibromyalgia	1 pack per prescription
Seasonale	Contraception	1 package per 91 days (3 copays)
Seasonique	Oral contraceptive	1 package per 91 days (3 copays)
Serevent Diskus	Asthma/COPD	1 device per month
Serostim	HIV wasting	30 vials per month
Simponi	TNF Antagonist	1 dose per month
Solaraze	Dermatological — Actinic Keratoses	100 gm per month
Soriatane Kit 10 mg	Psoriasis	1 kit per month
Soriatane Kit 25 mg	Psoriasis	2 kits per month
Spiriva	Asthma/COPD	30 capsules per month
Sprix Spray	NSAIDS	5 doses (5 bottles) per month
Sprycel	Cancer	1 month supply per dispensing
Stadol NS (<i>butorphanol</i>)	Narcotic analgesic nasal spray	3 (2.5 ml) pumps per month
Suboxone	Narcotic antagonist	93 tablets per month (3 per day)
Suboxone SL Film	Narcotic	93 films per month (3 per day)
Subsys	Narcotic analgesic	12 unit doses per day
Subutex 2 mg	Narcotic antagonist	16 tablets per month
Subutex 8 mg	Narcotic antagonist	8 tablets per month
Sumavel DosePro	Acute Migraine Therapy	8 units per month
Suprep Bowel Sol.	Laxatives	354 mL (2 bottles) per prescription
Sutent	Cancer	1 month supply per dispensing
Symbicort	Asthma/COPD	1 device per month
Tamiflu 30 mg	Influenza antiviral	20 capsules per month
Tamiflu 45 mg, 75 mg	Influenza antiviral	10 capsules per month
Tamiflu Oral Suspension 6 mg/mL	Influenza antiviral	150 mL per month
Tamiflu Oral Suspension 12 mg/mL	Influenza antiviral	75 mL per month
Tarceva	Cancer	1 month supply per dispensing
Tasigna	Cancer	1 month supply per dispensing
Terazol 3 Supp	Vaginal antifungal	1 kit (3 suppositories) per prescription
Terazol 7	Vaginal antifungal	1 tube (45 gm) per prescription
Testim	Androgenic Agents	300 gm per month

MEDICATION NAME	THERAPY CLASS	LIMIT
Thalomid	Cancer	1 month supply per dispensing
Tobradex ST	Ophthalmic antibiotic	20 mL per prescription
Tobrex (<i>tobramycin</i>)	Ophthalmic antibiotic	5 mL or gm per prescription
Travatan/Z	Glaucoma	1 (2.5 ml) bottle per month
Treximet	Acute migraine therapy	9 tablets per month
Triax cloths (BPO cloths)	Acne	1 box (60 units) per 30 days
Twinject	Anaphylactic Emergency	2 devices per prescription
Tykerb	Cancer	1 month supply per dispensing
Tyzeka	Hepatitis	1 month supply per dispensing
Vandetanib	Cancer	1 month supply per dispensing
Veltin Gel	Acne	1 tube (60 gm) per month
Ventolin HFA	Asthma/COPD	2 devices per month
Veramyst	Allergy — Intranasal	1 (10 gm) device per month
Veregen	External genital warts	16 weeks of therapy per year
Viagra	Sexual dysfunction	6 tablets per month
Victoza	Diabetes	3 pens per month
Vigamox	Ophthalmic antibiotic	3 mL per Rx dispensing
Viroptic (<i>trifluridine</i>)	Ophthalmic antiviral	1 (7.5 ml) bottle per 15 days
Vivelle	Hormone replacement therapy	8 patches per 28 days
Vivelle-Dot	Hormone replacement therapy	8 patches per 28 days
Voltaren (<i>diclofenec</i>) ophthalmic solution	Ophthalmic NSAID	7.5 mL per month
Votrient	Cancer	1 month supply per dispensing
Xalatan	Glaucoma	1 (2.5 ml) bottle per month
Xalkori	Cancer/Lymphoma	1 month supply per dispensing
Xibrom (<i>bromfenac op sol</i>)	Ophthalmic — NSAIDS	2.5 mL per month
Xopenex HFA	Asthma/COPD	2 devices per month
Xyrem	Narcolepsy/Cataplexy	540 mL per month
Zelboraf	Cancer/Lymphoma	1 month supply per dispensing
Ziana	Acne	60 gm per month
Zirgan	Ophthalmic antinfective	5 gm per month
Zofran (<i>ondansetron</i>) 2 mg, 4 mg, 24 mg	Nausea and vomiting	18 tablets per month
Zofran (<i>ondansetron</i>) 8 mg	Nausea and vomiting	60 tablets per month
Zofran (<i>ondansetron</i>) ODT 2 mg, 4 mg	Nausea and vomiting	18 tablets per month

MEDICATION NAME	THERAPY CLASS	LIMIT
Zofran (<i>ondansetron</i>) ODT 8 mg	Nausea and vomiting	60 tablets per month
Zofran (<i>ondansetron</i>) oral solution	Nausea and vomiting	600 mL per month
Zolinza	Cancer	1 month supply per dispensing
Zolpimist Spray	Sedative Hypnotics	1 (7.7 mL) bottle per month
Zomig and Zomig ZMT 2.5 mg	Acute migraine therapy	18 tablets per month
Zomig and Zomig ZMT 5 mg	Acute migraine therapy	9 tablets per month
Zomig Nasal Spray	Acute migraine therapy	12 units per month
Zorbtive	Short Bowel Syndrome	30 vials per month
Zuplenz 4 mg	Nausea and vomiting	18 films per month
Zuplenz 8 mg	Nausea and vomiting	60 films per month
Zyclara	Dermatological — Misc.	2 boxes (56 units) per 60 days
Zymar	Ophthalmic antibiotic	5 mL per month
Zymaxid	Ophthalmic antibiotic	1 (2.5 mL) bottle per month
Zioptan	Glaucoma	30 containers (9 ml) per 30 days

This is only a partial listing and not all products may be covered by your pharmacy benefit plan. Your specific benefit plan's guidelines regarding quantity limits will apply. Call customer service at the member phone number on the back of your ID card for more information.



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Prescription Solutions



Prior Authorization

Some medications must be authorized for coverage because they're only approved or effective in treating specific illnesses, they cost more or they may be prescribed for conditions for which safety and effectiveness have not been well-established.

Reviewing Medications

Our review committee of independent doctors and pharmacists meets regularly to review medications and consider how they should be covered by pharmacy benefit plans. They also recommend prior authorization guidelines.

Safe and Effective

When making recommendations, the review committee focuses on proven medication safety, effectiveness and cost. The committee considers:

- U.S. Food and Drug Administration (FDA) approved indications
- Manufacturer's package labeling instructions
- Well-accepted and/or published clinical recommendations

Getting a Short-Term Supply

If you must start taking a medication that requires prior authorization right away, two options may be available to you. First, ask your doctor if a sample is available. If not, 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 dispense the rest of your prescription.

Requesting a Prior Authorization

You, your pharmacist or your doctor can start the prior authorization review process by contacting our prior authorization department. A pharmacy technician then works with your doctor to get the information needed for the review. Once we receive a completed prior authorization form from your doctor, we conduct a clinical review within two business days. We then send you and your doctor a letter regarding the prior authorization decision.

Prior Authorization List

Products on these pages may require prior authorization as determined by your specific benefit plan design. For more information, contact customer service at the number on the back of your benefit plan ID card.

Acne	Accutane, Amnesteem, Claravis, Sotret
Androgenic Agents	Androderm, Androgel, Axiron, Delatestryl, Depo-Testosterone, Fortesta, Striant, Testim, <i>testosterone cypionate, testosterone enanthate</i>
Antiarrhythmics	Multaq
Antibiotic	Dificid, Ketek, Zyvox
Anticoagulant	Brilinta, Pradaxa, Xarelto
Anticonvulsant	Sabril
Antidepressant	Emsam
Antidiabetic Agents	Cycloset
Antidotes	Ferriprox
Antiemetic	Cesamet, <i>dronabinol</i> , Emend, Marinol
Antifungal	<i>itraconazole</i> , Noxafil, Sporanox
Antimalarial Agents	Qualaquin
Antipsychotic	Fanapt/Fanapt Pak, Geodon, Invega, Latuda
Antiviral	Copegus, Fuzeon, Rebetol, Ribapak, ribavirin
Antiviral Monoclonal Antibodies	Synagis
Anti-cataplexy	Xyrem
Asthma	Xolair
Cancer/Lymphoma	Abraxane, Afinitor, Alimta, Arzerra, Avastin, Campath, Caprelsa, Eligard, Erbitux, Erivedge, Femara, Folutyn, Gleevec, Halaven, Herceptin, Inlyta, Intron-A, Iressa, Istodax, Jakafi, Jevtana, Nexavar, Novantrone, Ontak, Proleukin, Revlimid, Rituxan, Sprycel, Sutent, Sylatron, Tarceva, Targretin, Tassigna, Thalomid, Torisel, Treanda, Trisenox, Tykerb, Vandetanib, Vectibix, Velcade, Votrient, Xalkori, Xgeva, Zelboraf, Zolinza
Chemotherapy Protective Agent	<i>dexrazoxane</i> , Totect, Zinecard
Cholesterol Lowering	<i>simvastatin</i> 80 mg, Vytorin 10-80 mg, Zocor 80 mg
CNS Stimulant	Nuvigil, Provigil

COPD	Arcapta Neohaler, Daliresp
Cryopyrin-associated Periodic Syndromes	Arcalyst, Ilaris
Endocrine/Metabolic Agents	Kalydeco
Enzyme Replacement Therapy	Aldurazyme, Elaprase, Fabrazyme, Lumizyme, Myozyme, VPRIV
Gaucher Disease	Zavesca
Growth Hormone	Genotropin, Humatrope, Norditropin, Nutropin/AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtiv
Growth Hormone Receptor Antagonist	Somavert
Growth Hormone Releasing Factor (GRF) Analog	Egrifta
Hematological Agents	Soliris
Hematopoietic Growth Factors	Aranesp, Epogen, Leukine, Neulasta, Neumega, Neupogen, Nplate, Omontys, Procrit, Promacta
Hepatitis C	Incivek, Infergen, Pegasys, PEG-Intron, Victrelis
Hereditary Angioedema	Berinert, Cinryze, Firazyr, Kalbitor
Hormones - Miscellaneous	Makena
Huntington's Disease	Xenazine
Immunoglobulins	Carimune Nanofiltered, Flebogamma, Gamastan S/D, Gammaked, Gammagard Liquid, Gammagard S/D, Gamunex, Hizentra, Octagam, Privigen, Vivaglobulin
Immunosuppressant	Zortress
Immunosuppressant - topical	Elidel, Protopic
Insulin-like Growth Factor	Increlex
Irritable Bowel Syndrome	Lotronex
Multiple Sclerosis	Ampyra, Avonex, Betaseron, Copaxone, Extavia, Gilenya, Rebif, Tysabri
Narcotic Analgesic	Abstral, Actiq (<i>fentanyl oral transmucosal</i>), Butrans, Fentora, Lazanda, Onsolis, Subutex, Suboxone/SL
Neuromuscular Blocking Agent	Botox, Dysport, Myobloc, Xeomin
Non-narcotic Analgesic	Conzip
NSAID	Celebrex, Vimovo (electronic step edit)
Opioid-Induced Constipation	Relistor

Osteoporosis	Forteo, Prolia, Reclast
Paget's Disease	Reclast
Parkinson's Disease	Apokyn
Plaque Psoriasis	8-MOP, Amevive, Stelara, Oxoralen Ultra
Pseudobulbar Affect (PBA) Agents	Nuedexta
Pulmonary Hypertension Agents	Adcirca, Letairis, Revatio, Tracleer, Tyvaso, Ventavis
Rheumatoid Arthritis	Actemra, Kineret, Orencia, Ridaura
Somatostatic Agents	<i>octreotide</i> , Sandostatin, Somatuline
Stem Cell Mobilizer	Mozobil
TNF Antagonist	Cimzia, Enbrel, Humira, Remicade, Simponi
Vasopressin V₂-receptor Antagonist	Samsca
Viscosupplements	Euflexxa, Hyalgan, Orthovisc, Supartz, Synivsc, Synvisc One
Wound Care	Regranex



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Prescription Solutions



Brands for Generic Program

Through our Brands for Generic Program, Prescription Solutions by OptumRx helps make diabetic testing supplies and insulin products more affordable. The program gives you access to our buying power for major discounts on select brand name diabetes products.

Significant Savings on Brand Medications

Using the Brands for Generic Program is easy. Simply get a prescription for a product listed in the chart below and take it to a participating pharmacy. When the pharmacy fills your prescription, they will submit your claim for coverage by your benefit plan. They will then collect your applicable generic or first-tier copayment amount.

To qualify for the Brands for Generics Program, a brand medication must be dispensed.

Category and Manufacturer	Brand Product
Diabetic supplies** by Roche Diagnostics	ACCU-CHEK® Aviva test strips ACCU-CHEK® Aviva Plus test strips ACCU-CHEK® Compact test strips ACCU-CHEK® Comfort Curve test strips ACCU-CHEK® Active test strips
Diabetic supplies** by Bayer HealthCare	Bayer BREEZE®2 test strips Bayer CONTOUR® test strips
Diabetic supplies** by Abbott MediSense	Precision brand syringes
Injectable hypoglycemic agents by Lilly	Humulin (vial only; not Conc.) Humalog (vial only)
Injectable hypoglycemic agents by Novo Nordisk	Novolin (vial only) Novolog (vial only)

*The products offered in this program are subject to change without notice. Product list does not imply coverage, see plan information for specific benefit and coverage limitations.

**Roche Diagnostics ACCU-CHEK® and Bayer HealthCare blood glucose meters are available at no charge to members of pharmacy benefit plans administered by Prescription Solutions when the members' plan design includes the Free Meter Program. Contact the customer service center for details.

About Insulin and Blood Sugar Testing

Effectively managing diabetes can lower the risk of diabetic complications, which include nerve, eye, kidney and blood vessel damage. Regular blood sugar testing and insulin therapy are often part of a diabetes care plan. The results of testing tell if a care plan is working and insulin can help maintain healthy blood sugar levels.



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Free Meter Program

Diabetes can affect the eyes, kidneys, nerves and cardiovascular system. The impact of these complications could be long-term, but regular blood sugar testing can help. Testing not only helps you avoid such health risks, but can also prevent life-threatening conditions caused by very high or very low blood sugar.

Our Offer to You

To help you monitor blood sugar levels regularly, your pharmacy benefit plan may include the Free Meter Program. Through this program, you may be eligible to receive a blood sugar meter at no charge to you.

The program includes four different meters you and your doctor can choose from. More information on each meter is included on the next page. For additional details, you can also contact Prescription Solutions by OptumRx customer service at the phone number on your benefit ID card or ACCU-CHEK® or Bayer HealthCare using the numbers provided on the next page.

How to Get Your Free Meter

The first step in every diabetic care plan should be talking with your health care team. If you are interested in getting a new blood sugar meter, share this communication with your doctor or diabetes educator. They can help determine which no-charge meter is right for you.

After choosing the covered meter you'll use to regularly test blood sugar levels, it's easy to place your order. Just call the manufacturer's service center any time:

- **ACCU-CHEK® meters:**

Call the ACCU-CHEK Fulfillment Center at **1-877-411-9833**

- **Bayer HealthCare meters:**

Call the Bayer HealthCare Fulfillment Center at **1-888-877-8306**

Available Meters

ACCU-CHEK® Aviva Meter

- ACCU-CHEK Multiclix lancing device-proven least painful¹
- Easy-to-handle, quick-fill test strip makes sampling easier
- Small, 0.6-mL sample size means less blood
- Fast, accurate results in 5 seconds
- The only meter and strip combination manufactured in the USA²
- Discovery tools included so that you can discover how to best use your numbers



ACCU-CHEK® Compact Plus Meter

- Load-and-go drum of 17 preloaded test strips
- Detachable, least painful lancing device
- No coding
- Bright, easy-to-read display
- Discovery tools included so that you can discover how to best use your numbers



Bayer's BREEZE®2 Meter

- No Coding™ technology
- Convenient, easy-to-use 10-test discs
- Eliminates handling individual strips
- Results in just 5 seconds
- Small sample size



Bayer's CONTOUR® Meter

- No Coding™ technology
- Pre- and post-meal markers allow tests from before and after meals to be saved
- Audible test reminder feature helps you remember to test after meals
- Fast 5-second test time
- Small sample size with Sip-in Sampling® technology



1 Least painful: When compared to leading competitive systems. Data on file.

2 Manufactured in USA: Using US and imported materials



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Prescription Solutions



Half Tab Rx – Tablet Splitting

Through your plan's Half Tab Rx Program, tablet splitting may be a safe, effective way for you to lower your prescription medication costs. To take advantage of the potential savings, your doctor writes a new prescription for double the strength and half the quantity of your current medication. Then, you simply split the tablets in half to safely and easily save up to 50 percent on your prescription costs.

Half Tab Rx works because some medications cost about the same, regardless of dosage. For example, the 20-mg and 40-mg dosages of a popular medication used to treat high cholesterol both cost about \$80.70 for a 30-day supply. When 15 40-mg tablets are split, a 30-day supply of 20-mg half tablets costs only \$40.35. Splitting the 40-mg tablets effectively cuts the cost of your drug in half. See the following example:

	Without Half Tab Rx	With Half Tab Rx
Drug* and dosage	20 mg	40 mg
Number of tablets	30 (whole tablets)	15 (split in half)
Days supplied	30	30
Cost	Plan: \$80.70 You: \$20.00	Plan: \$40.35 You: \$10.00
Annual savings	None	Plan: \$484.20 You: \$120.00

Actual savings vary based on your plan design, but with Half Tab Rx, the savings are real. Helping your plan save money contributes to the overall cost management of your pharmacy benefit plan.

*Drug included in this savings example is a popular medication used to treat high cholesterol.

To Split or Not to Split?

You are not required to split tablets to save money, but if you choose to participate, talk with your doctor before splitting any of your medications. If you and your doctor agree that tablet splitting is a safe way for you to save money, you will need:

1. A new prescription from your doctor for the new dosage of your medication. The prescription must clearly instruct you to take one-half tablet daily.
2. A tablet splitting device. Tablet splitters allow you to cut tablets more accurately and safely. You can purchase one for just a few dollars at a local pharmacy.

Safe Tablet Splitting

Because not all drugs are safe to split, our independent review committee of practicing doctors and pharmacists has defined a list of drugs covered under the Half Tab Rx Program. Only those listed below are eligible for the program.

- Atacand
- Avapro
- Cozaar
- Crestor
- Diovan
- Lexapro
- Lipitor
- *Benazepril* (Lotensin)
- *Citalopram* (Celexa)
- *Doxazosin* (Cardura)
- *Fosinopril* (Monopril)
- *Lisinopril* (Prinivil, Zestril)
- *Metoprolol ER* (Toprol XL)
- *Paroxetine* (Paxil)
- *Pravastatin* (Pravachol)
- *Quinapril* (Accupril)
- *Sertraline* (Zoloft)
- *Simvastatin* (Zocor)
- *Zolpidem* (Ambien)



Prescription Solutions by OptumRx
www.PrescriptionSolutions.com

2300 Main Street, Irvine, CA 92614

Prescription Solutions by 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 www.optum.com.

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Prescription Solutions

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Mail Service Pharmacy Program



Prescription Solutions® by OptumRx™ Mail Service Pharmacy makes ordering maintenance medications easy and saves you both time and money compared to a retail pharmacy.

Using your mail order benefit entitles you to a 90-day supply at a discounted price, where through a retail pharmacy you receive a 30-day supply. Plus, shipping is at no cost to you — so you do not have to drive to your local pharmacy.

- Save time
- Save money
- Convenient door-to-door service

Prescription Solutions by OptumRx uses generic products whenever possible to help reduce your medication costs. Generic medications are FDA approved equivalents to the more expensive brand-name version. If you or your physician prefers the brand-name, please indicate this on your order. Please be aware that the brand-name medication may be subject to a higher copay as determined by your Plan. Contact Customer Service for information about your copays.

Your Medication Safety is Protected by our Professional Staff

Every prescription submitted to Prescription Solutions by OptumRx is screened by our team of registered pharmacists for accuracy, drug interactions, allergies and appropriateness of therapy. Prescription Solutions by OptumRx maintains a complete record of all of your current medications, regardless of where you had them filled.* If for any reason we believe your prescription needs clarification, we will contact you or your physician. If we are unable to resolve the issue and we anticipate a delay in shipping your order, we will contact you.

- Professional staff
- Accuracy
- Quality
- Medication screening

Four Ways to Get Started Using Mail Service

1 Your Physician Can Fax Us

If you would like to save mailing time to Prescription Solutions by OptumRx, your physician can fax your prescriptions directly to our processing center at **1-800-491-7997**, 24 hours a day, 7 days a week. (NOTE: Faxed prescriptions can only be accepted from your physician's office).

2 Your Physician Can Phone Us

Prescription Solutions by OptumRx offers the convenience of accepting phoned in new prescriptions and refill renewals directly from your physician's office. Our pharmacist phone team can be reached at **1-800-791-7658**, 8 a.m.–8 p.m. CT, Monday–Friday, excluding certain holidays; TTY/TDD **1-800-498-5428**.

3 You Can Mail in Your Prescriptions

- For newly prescribed medications, ask your physician to write two prescriptions: one for a 30-day supply to get you started (to be filled at your local pharmacy), and one for a 90-day supply plus additional refills to be submitted for mail order.
- For medications you are currently taking, ask your physician to write a prescription for a 90-day supply plus refills.

*medications filled using your pharmacy benefit

4 We'll Call Your Physician for You

Prescription Solutions by OptumRx will contact your physician to request your prescriptions be converted to a 90-day supply.

- Provide your medication names and dosages along with your physician's name and phone number.
- Call **1-800-562-6223** 24 hours a day, 7 days a week; TTY/TDD **1-800-498-5428**.

Packaging and Delivery

To ensure that your order is delivered to you in a timely manner, Prescription Solutions by OptumRx uses USPS along with other national carriers. Standard delivery is at no cost to you, and most orders should arrive in about seven days after we receive your complete order. Refills are usually processed and shipped within 48 hours after the request is received (please allow for postal delivery time). Each shipped order will include a reorder form and detailed drug information for each medication. Refrigerated items are shipped next day delivery in a styrofoam container with ice packs. For certain medications such as controlled substances, "signature service" may be required.

If we need to contact you or your physician about your order, delivery may take longer. If you prefer rush delivery, your order can be shipped overnight for an additional charge. You should fill your prescription(s) locally if you're out of your medication(s) and can't wait for your mail order prescription to arrive.



Refills are Even Easier

Prescription Solutions by OptumRx makes ordering refills or checking how many refills you have available very easy. Refills can be ordered online at **www.PrescriptionSolutions.com**, via the automated phone system, or by calling Customer Service. In addition, you will receive a reorder form with each shipment that can be mailed in for processing at your convenience. Once you register online, you will receive an email reminder when it's time to refill your medication.

If you would like a consultation with one of our pharmacists, or you have questions or concerns regarding your medications, pharmacists are available 24 hours a day, 7 days a week. Please call **1-800-562-6223** to speak with one of our consultant pharmacists.



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1 Please use black or blue ink and mail this completed order form with your new prescription(s). DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

Primary Member ID Number: Plan Name:		(Additional coverage, if applicable) Secondary Member ID Number: Plan Name:	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number ()
Date of Birth (mm/dd/yyyy) / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email	
Physician's Name		Physician's Phone Number ()	

2 Health history

If you are a new customer or your allergies or health conditions have changed, please indicate below. The information you provide will allow a more complete review of your current medication request.

Notes to Pharmacy:

3 Generic substitution

FDA-approved generic equivalents will be dispensed for brand-name medications whenever possible, unless you or your physician indicate otherwise. If you require brand-name medications, please list those medications with a "brand-name only" notation below. Note: brand-name medications may be subject to a higher cost.

Notes to Pharmacy:

4 "Keep on file". Do not ship.

All prescriptions will be shipped unless otherwise indicated. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them below.

Do not ship the following medications:

5 Payment and shipping information — do not send cash.

Standard delivery is at no charge. Most orders arrive about 7 days from the date your completed order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order.

You may log on to www.PrescriptionSolutions.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 Prescription Solutions by OptumRx.
- Charge to my credit card on file.**
- Charge to my NEW credit card.** Visa, MasterCard, AMEX and Discover are accepted.

New Credit Card Number	Expiration Date (Month/Year)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature:

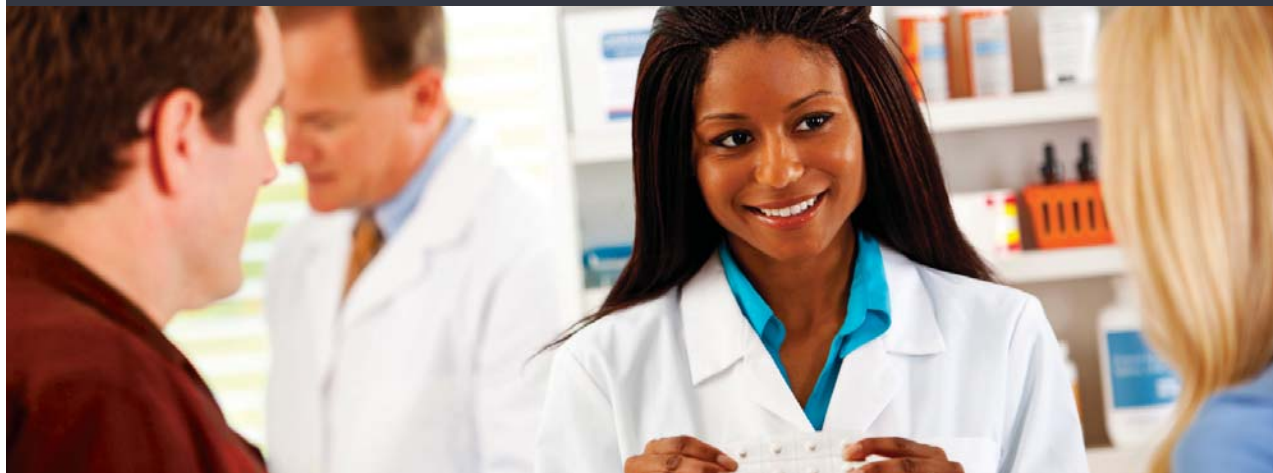
Date:

This credit card will be billed for applicable medications, overnight shipping and outstanding balances. **I authorize Prescription Solutions by OptumRx to maintain my credit card on file as payment method for any future charges or outstanding balances.** To modify payment selection, please contact Customer Service.

Prescription Solutions



Commonly Asked Questions About Generics¹⁻³



Prescription medications can be a big part of your health care costs. Using generic medications may help control some of these costs. Not only are generics safe and effective, but they are usually less expensive than brand name medications. The following are answers to some common questions about generic medications.

What is a generic medication?

Generic medications are generic versions of brand name medications. All medications have a generic name, but not all are available as a generic. That is because new brand name medications are typically protected by a patent. When these patents expire, generic medication manufacturers can apply to the US Food and Drug Administration (FDA) to begin making generic versions of off-patent brand name medications.

Are generic medications as effective as brand names?

Yes. Generics are copies of brand name medications that have been fully tested and FDA approved. A generic medication is the same as its brand name counterpart in the following ways:

- Active ingredient
- Dosage
- Safety
- Strength
- Quality
- How it works
- The way it is taken
- How it is used

Why should I use generic medications?

Many people prefer generics because they save money. A generic offers the same benefits as a brand name medication, but typically at a much lower price.

Why are generics less expensive?

Many factors are part of medication prices. A major reason why generics often cost less than brand name medications is competition in the marketplace. Each brand name medication is usually made by just one manufacturer, but more than one manufacturer can make a generic version of a brand name medication. When many manufacturers make the same generic, that usually lowers the price of the generic medication.

What is the difference between a generic equivalent and a generic alternative?

A **generic equivalent** is the generic version of a brand name medication. If a generic equivalent for your brand name medication is not yet available, ask your doctor or pharmacist if a generic alternative may be appropriate. A **generic alternative** treats the same condition as a branded product, but is not the generic equivalent of that specific brand name medication. Although the generic alternative has a different active ingredient than your brand name medication, both are similar in the way they work.

Isn't it up to my doctor or pharmacist to decide if I should get a generic medication?

Yes, to some extent it is. But letting your doctor and pharmacist know you're interested in using generic medications could help you save money. Many generics are available to treat:

- High blood pressure
- Pain
- Dyspepsia (indigestion, heartburn, low-grade reflux)
- Diabetes

What should I do if I'm interested in reducing my costs?

Any discussion about medications should start with your doctor or pharmacist, and using generics should be a joint decision. If you're interested in lowering your out-of-pocket costs:

- Make a list of the medications you currently take and review it with your doctor to see if generic equivalents and/or alternatives are available
- When your doctor prescribes a new medication, ask if any appropriate generics are available
- Tell your pharmacist you prefer to receive generic medications whenever possible

How can I start saving on my prescription medication costs?

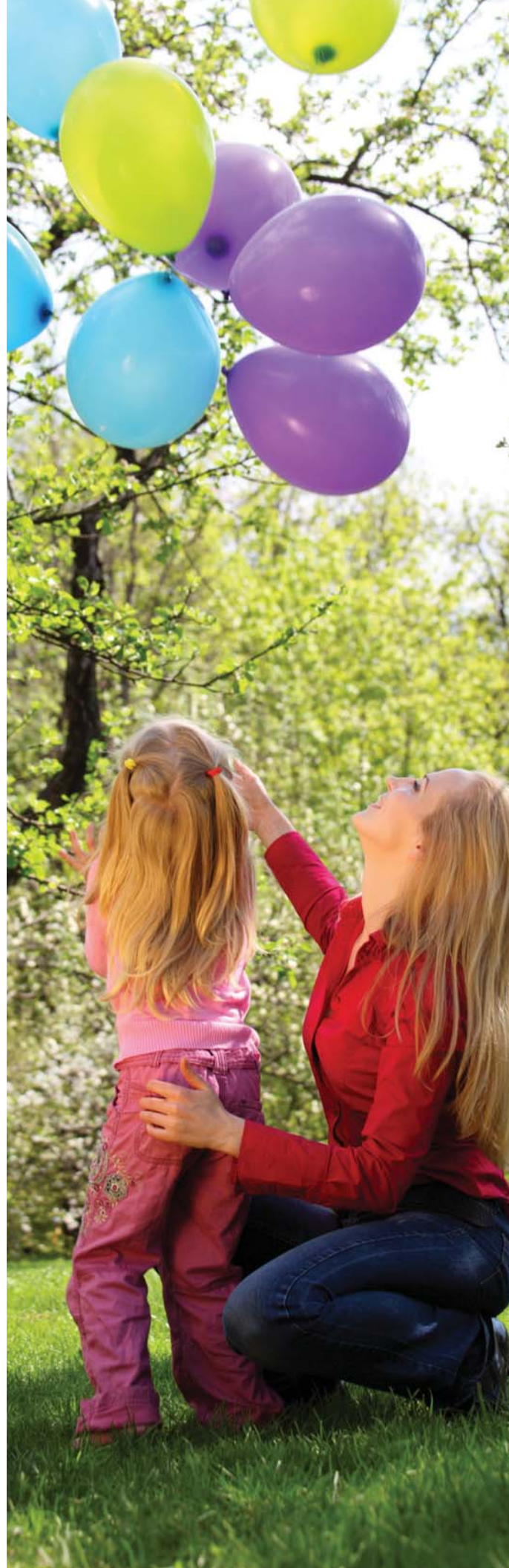
Ask your doctor or pharmacist about your generic choices every time you fill a prescription. You may be able to reduce your out-of-pocket costs by using generic medications. To learn more about generics you can contact the FDA's Office of Generic Medications:

7500 Standish Place
Rockville, MD 20855

Phone: **1-240-276-9310**

Email: genericmedications@fda.hhs.gov

Website: www.fda.gov



References:

1. Generic drugs: questions and answers. FDA Website. <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/QuestionsAnswers/ucm100100.htm>. Updated January 12, 2010. Accessed March 24, 2010.
2. Facts and myths about generic drugs. FDA Website. <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm167991.htm>. Updated October 13, 2009. Accessed March 24, 2010.
3. You know that question that goes through your mind when you take your generic drug? Here are the answers. FDA Website. <http://www.fda.gov/Drugs/EmergencyPreparedness/BioterrorismandDrugPreparedness/ucm133809.htm>. Updated July 30, 2009. Accessed March 24, 2010.



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