



<Date>

<Member First> <Member Last>

<Member address>

<City>, <State> <Zip>

Important pharmacy benefit information

Dear Member:

OptumRx® is pleased to have been selected by the State of Alaska to administer your AlaskaCare Retiree Medicare Prescription Drug Plan (PDP) benefits, beginning January 1, 2019. As your upcoming pharmacy benefits manager, OptumRx® wants to help you get the most value from your prescription benefits. We are committed to giving you the information you need to make the best decisions regarding the prescriptions you take.

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has a list of drugs that require prior authorization for coverage under Medicare Part D. Prior authorization is used to determine if the drug is covered under Medicare Part D (pharmacy program), under Medicare Part B (medical program), or not covered at all because it is excluded under Medicare. **If your current prescription is not covered by Medicare Part D, it would be covered through your supplemental coverage as part of the AlaskaCare enhanced Employer Group Waiver Program (EGWP).**

The required CMS prior authorization does not include any “step therapy” or “quantity limit” requirements. “Step therapy” is when an insurance plan requires a member to first try certain medications to treat your medical condition before covering other alternative medications. “Quantity limits” is when insurance plans require certain drugs to have a limit on the amount you can have, or on the amount you can get each time you fill your prescription.

When a prior authorization is needed for a prescription, your doctor will need to submit a request to OptumRx® to confirm the type of drug and the diagnosis it is being used to treat in order to determine if it covered under Medicare Part D or the enhanced supplemental benefit. You or your doctor can start the prior authorization process beginning January 1, 2019. **If you are taking a medication listed on the following pages, we encourage you to contact your doctor early to inform them of the new prior authorization process under Medicare Part D.**

MEDICATIONS REQUIRING PRIOR AUTHORIZATION FOR MEDICARE PART D COVERAGE

ABELCET INJ 5MG/ML	ARMODAFINIL TAB 50MG	CLOMIPHENE TAB 50MG
ABSTRAL SUB 100MCG	ASTAGRAF XL CAP 0.5MG	CLONIDINE INJ
ABSTRAL SUB 200MCG	ASTAGRAF XL CAP 1MG	CLONIDINE INJ 100/ML
ABSTRAL SUB 300MCG	ASTAGRAF XL CAP 5MG	CLONIDINE INJ 500/ML
ABSTRAL SUB 400MCG	AZASAN TAB 100MG	CRINONE GEL 4% VAG
ABSTRAL SUB 600MCG	AZASAN TAB 75 MG	CRINONE GEL 8% VAG
ABSTRAL SUB 800MCG	AZATHIOPRINE INJ 100MG	CROMOLYN SOD NEB 20MG/2ML
ACETYLCYST SOL 10%	AZATHIOPRINE TAB 50MG	CUVITRU INJ 2GM/10ML
ACETYLCYST SOL 20%	BETHKIS NEB 300/4ML	CUVITRU INJ 4GM/20ML
ACYCLOVIR NA INJ 500MG	BIVIGAM INJ 10%	CUVITRU INJ 8GM/40ML
ACYCLOVIR NA INJ 50MG/ML	BLEOMYCIN INJ 15UNIT	CUVITRU SOL 1GM/5ML
ADCIRCA TAB 20MG	BLEOMYCIN INJ 30UNIT	CYCLOPHOSPH CAP 25MG
ADRIAMYCIN INJ 10MG	BLINCYTO INJ 35MCG	CYCLOPHOSPH CAP 50MG
ADRIAMYCIN INJ 200MG	BOTOX INJ 100UNIT	CYCLOSPORINE CAP 100MG
ADRIAMYCIN INJ 20MG	BOTOX INJ 200UNIT	CYCLOSPORINE CAP 100MG MD
ADRIAMYCIN INJ 50MG	BROVANA NEB 15MCG	CYCLOSPORINE CAP 25MG
ADRUCIL INJ 2.5G/50M	BUDESONIDE SUS 0.25MG/2	CYCLOSPORINE CAP 25MG MOD
ADRUCIL INJ 500/10ML	BUDESONIDE SUS 0.5MG/2	CYCLOSPORINE CAP 50MG MOD
ADRUCIL INJ 5GM/100M	BUDESONIDE SUS 1MG/2ML	CYCLOSPORINE SOL MODIFIED
AKYNZEO CAP 300-0.5	CARIMUNE NF INJ 12GM	CYTARABINE INJ 100MG/ML
ALBUTEROL NEB 0.083%	CARIMUNE NF INJ 6GM	CYTARABINE INJ 20MG/ML
ALBUTEROL NEB 0.5%	CARISOPR/ASA TAB 200-325	DEFEROX MESY INJ 500MG
ALBUTEROL NEB 0.63MG/3	CARISOPRODOL TAB 250MG	DEFEROXAMINE INJ 2GM
ALBUTEROL NEB 1.25MG/3	CARISOPRODOL TAB 350MG	DEFEROXAMINE INJ 500MG
AMBISOME INJ 50MG	CARISOPRODOL TAB ASA/COD	DOBUTAM/D5W INJ 1MG/ML
AMINOSYN INJ 10%	CHOR GONADOT INJ 10000UNT	DOBUTAM/D5W INJ 2MG/ML
AMINOSYN INJ 8.5%	CIALIS TAB 2.5MG	DOBUTAM/D5W INJ 4MG/ML
AMINOSYN INJ 8.5/LYTE	CIALIS TAB 5MG	DOBUTAMINE INJ 250MG
AMINOSYN 7% INJ /LYTES	CLADRIBINE INJ 1MG/ML	DOBUTAMINE INJ 500MG
AMINOSYN II INJ 10%	CLINIMIX INJ 2.75/D5W	DOPAMINE INJ 160MG/ML
AMINOSYN II INJ 7%	CLINIMIX INJ 4.25/D10	DOPAMINE INJ 40MG/ML
AMINOSYN II INJ 8.5%	CLINIMIX INJ 4.25/D20	DOPAMINE INJ 80MG/ML
AMINOSYN II INJ 8.5/LYTE	CLINIMIX INJ 4.25/D25	DOPAMINE/D5W INJ 0.8MG/ML
AMINOSYN M INJ 3.5%	CLINIMIX INJ 4.25/D5W	DOPAMINE/D5W INJ 1.6MG/ML
AMINOSYN-HBC INJ 7%	CLINIMIX INJ 5%/D15W	DOPAMINE/D5W INJ 3.2MG/ML
AMINOSYN-PF INJ 10%	CLINIMIX INJ 5%/D20W	DOXORUBICIN INJ 10/5ML
AMINOSYN-PF INJ 7%	CLINIMIX INJ 5%/D25W	DOXORUBICIN INJ 10MG
AMINOSYN-RF INJ 5.2%	CLINIMIX SOL 2.75%	DOXORUBICIN INJ 10MG/5ML
AMPHOTERICIN INJ 50MG	CLINIMIX SOL 4.25%	DOXORUBICIN INJ 150/75ML
ANZEMET TAB 100MG	CLINIMIX E INJ 2.75/D10	DOXORUBICIN INJ 20/10ML
ANZEMET TAB 50MG	CLINIMIX E INJ 2.75/D5W	DOXORUBICIN INJ 200/100
APREPITANT CAP 125MG	CLINIMIX E INJ 4.25/D10	DOXORUBICIN INJ 200MG
APREPITANT CAP 40MG	CLINIMIX E INJ 4.25/D25	DOXORUBICIN INJ 2MG/ML
APREPITANT CAP 80MG	CLINIMIX E INJ 4.25/D5W	DOXORUBICIN INJ 50/25ML
APREPITANT PAK 80 & 125	CLINIMIX E INJ 5%/D15W	DOXORUBICIN INJ 50MG
ARMODAFINIL TAB 150MG	CLINIMIX E INJ 5%/D20W	DRONABINOL CAP 10MG
ARMODAFINIL TAB 200MG	CLINIMIX E INJ 5%/D25W	DRONABINOL CAP 2.5MG
ARMODAFINIL TAB 250MG	CLINISOL SF INJ 15%	DRONABINOL CAP 5MG

EMEND SUS 125MG	GAMMAKED INJ 10GM/100	KITABIS PAK NEB 300/5ML
ENGERIX-B INJ 10/0.5ML	GAMMAKED INJ 1GM/10ML	KYNAMRO INJ 200MG/ML
ENGERIX-B INJ 20MCG/ML	GAMMAKED INJ 2.5GM/25	LAZANDA SPR 100MCG
ENVARUSUS XR TAB 0.75MG	GAMMAKED INJ 20GM/200	LAZANDA SPR 300MCG
ENVARUSUS XR TAB 1MG	GAMMAKED INJ 5GM/50ML	LAZANDA SPR 400MCG
ENVARUSUS XR TAB 4MG	GAMMAPLEX INJ 10%	LEVALBUTEROL NEB 0.31MG
EPOPROSTENOL INJ 0.5MG	GAMMAPLEX INJ 5%	LEVALBUTEROL NEB 0.63MG
EPOPROSTENOL INJ 1.5MG	GAMUNEX-C INJ 10GM/100	LEVALBUTEROL NEB 1.25/0.5
FENTANYL CIT INJ 0.05MG/1	GAMUNEX-C INJ 1GM/10ML	LEVALBUTEROL NEB 1.25MG
FENTANYL CIT INJ 1000MCG	GAMUNEX-C INJ 2.5GM/25	LIDOCAINE PAD 5%
FENTANYL CIT INJ 100MCG	GAMUNEX-C INJ 20GM/200	LIORESAL INT INJ 0.05MG/1
FENTANYL CIT INJ 2500MCG	GAMUNEX-C INJ 40/400ML	LIORESAL INT INJ 10MG/20
FENTANYL CIT INJ 250MCG	GAMUNEX-C INJ 5GM/50ML	LIORESAL INT INJ 10MG/5ML
FENTANYL CIT INJ 500MCG	GANCICLOVIR INJ 500MG	LIORESAL INT INJ 40MG/20
FENTANYL OT LOZ 1200MCG	GENGRAF CAP 100MG	MAKENA INJ 275MG
FENTANYL OT LOZ 1600MCG	GENGRAF CAP 25MG	METHAMPHETAM TAB 5MG
FENTANYL OT LOZ 200MCG	GENGRAF CAP 50MG	MILRINONE INJ 10/10ML
FENTANYL OT LOZ 400MCG	GENGRAF SOL 100MG/ML	MILRINONE INJ 1MG/ML
FENTANYL OT LOZ 600MCG	GRANISETRON TAB 1MG	MILRINONE INJ 20/20ML
FENTANYL OT LOZ 800MCG	HEPAGAM B INJ	MILRINONE INJ 50/50ML
FENTORA TAB 100MCG	HEPATAMINE SOL 8%	MILRINONE/D5 INJ 20/100ML
FENTORA TAB 200MCG	HEPLISAV-B INJ 20MCG	MILRINONE/D5 INJ 40/200ML
FENTORA TAB 400MCG	HIZENTRA INJ 10/50ML	MODAFINIL TAB 100MG
FENTORA TAB 600MCG	HIZENTRA INJ 1GM/5ML	MODAFINIL TAB 200MG
FENTORA TAB 800MCG	HIZENTRA INJ 2GM/10ML	MORPHINE SUL INJ 150/30ML
FLEBOGAMMA INJ 10/100ML	HIZENTRA INJ 4GM/20ML	MORPHINE SUL INJ 1MG/ML
FLEBOGAMMA INJ 10/200ML	HYPERHEP B INJ S/D	MYCOPHENOLAT CAP 250MG
FLEBOGAMMA INJ 20/200ML	HYPERRAB INJ 1500UNIT	MYCOPHENOLAT INJ 500MG
FLEBOGAMMA INJ 20/400ML	HYPERRAB INJ 300UNIT	MYCOPHENOLAT SUS 200MG/ML
FLEBOGAMMA INJ 5GM/50ML	HYPERRAB S/D INJ 150/ML	MYCOPHENOLAT TAB 500MG
FLEBOGAMMA INJ DIF 5%	HYPERRAB S/D INJ 300/2ML	MYCOPHENOLIC TAB 180MG DR
FLOXURIDINE INJ 0.5GM	HYQVIA INJ 10-800	MYCOPHENOLIC TAB 360MG DR
FLUOROURACIL INJ 1GM/20ML	HYQVIA INJ 2.5-200	NABI-HB INJ
FLUOROURACIL INJ 2.5G/50M	HYQVIA INJ 20-1600	NEBUPENT INH 300MG
FLUOROURACIL INJ 500/10ML	HYQVIA INJ 30-2400	NEBUSAL NEB 3%
FLUOROURACIL INJ 5GM/100M	HYQVIA INJ 5-400	NEPHRAMINE INJ 5.4%
FREAMINE HBC INJ 6.9%	IMOYAM RABIE INJ 300/2ML	NOVAREL INJ 10000UNT
FREAMINE III INJ 10%	IMOVAX RABIE INJ 2.5/ML	NOVAREL INJ 5000UNIT
GABLOFEN INJ 10000/20	INTRALIPID INJ 20%	NUTRILIPID EMU 20%
GABLOFEN INJ 20000/20	INTRAROSA SUP 6.5MG	OCTAGAM INJ 10/100ML
GABLOFEN INJ 40000/20	IPRATROPIUM SOL 0.02%INH	OCTAGAM INJ 10GM
GABLOFEN INJ 50MCG/ML	IPRATROPIUM/ SOL ALBUTER	OCTAGAM INJ 1GM
GAMMAGARD INJ 10GM/100	JUXTAPID CAP 10MG	OCTAGAM INJ 2.5GM
GAMMAGARD INJ 1GM/10ML	JUXTAPID CAP 20MG	OCTAGAM INJ 20/200ML
GAMMAGARD INJ 2.5GM/25	JUXTAPID CAP 30MG	OCTAGAM INJ 25GM
GAMMAGARD INJ 20GM/200	JUXTAPID CAP 40MG	OCTAGAM INJ 2GM/20ML
GAMMAGARD INJ 30GM/300	JUXTAPID CAP 5MG	OCTAGAM INJ 5GM
GAMMAGARD INJ 5GM/50ML	JUXTAPID CAP 60MG	OCTAGAM INJ 5GM/50ML
GAMMAGARD SD INJ 10GM HU	KEDRAB SOL 150UNITS	ONDANSETRON SOL 4MG/5ML
GAMMAGARD SD INJ 5GM HU	KEDRAB SOL 300/2ML	ONDANSETRON TAB 24MG

ONDANSETRON TAB 4MG
ONDANSETRON TAB 4MG ODT
ONDANSETRON TAB 8MG
ONDANSETRON TAB 8MG ODT
OSPHENA TAB 60MG
PERFORMIST NEB 20MCG
PLENAMINE INJ 15%
PREGNYL INJ 10000UNT
PREMASOL SOL 10%
PREMASOL SOL 6%
PRIVIGEN INJ 10GRAMS
PRIVIGEN INJ 20GRAMS
PRIVIGEN INJ 40GRAMS
PRIVIGEN INJ 5 GRAMS
PROCALAMINE INJ 3%
PROSOL INJ 20%
PULMOSAL NEB 7%
PULMOZYME SOL 1MG/ML
QUININE SULF CAP 324MG
RABAVERT INJ
RAPAMUNE SOL 1MG/ML
RECOMBIVA HB INJ 10MCG/ML
RECOMBIVA HB INJ 5MCG/0.5
RECOMBIVA-HB INJ 40MCG/ML
REMODULIN INJ 10MG/ML
REMODULIN INJ 1MG/ML
REMODULIN INJ 2.5MG/ML
REMODULIN INJ 5MG/ML
SANDIMMUNE SOL 100MG/ML
SEROSTIM INJ 4MG
SEROSTIM INJ 5MG
SEROSTIM INJ 6MG
SILDENAFIL TAB 20MG
SIROLIMUS TAB 0.5MG
SIROLIMUS TAB 1MG
SIROLIMUS TAB 2MG
SODIUM CHLOR NEB 3%
SODIUM CHLOR NEB 7%
SPINRAZA INJ 12MG/5ML
SUBSYS SPR 100MCG
SUBSYS SPR 1200MCG
SUBSYS SPR 1600MCG
SUBSYS SPR 200MCG
SUBSYS SPR 400MCG
SUBSYS SPR 600MCG
SUBSYS SPR 800MCG
SYNDROS SOL 5MG/ML
SYNTHAMIN 17 SOL 10%
TACROLIMUS CAP 0.5MG
TACROLIMUS CAP 1MG

TACROLIMUS CAP 5MG
TOBRAMYCIN NEB 300/5ML
TRAVASOL INJ 10%
TRIMETHOBENZ CAP 300MG
TROPHAMINE INJ 10%
VELETRI INJ 0.5MG
VELETRI INJ 1.5MG
VENTAVIS SOL 10MCG/ML
VENTAVIS SOL 20MCG/ML
VINBLASTINE INJ 1MG/ML
VINCASAR PFS INJ 1MG/ML
VINCRISTINE INJ 1MG/ML
XEOMIN INJ 100UNIT
XEOMIN INJ 50 UNIT
ZORTRESS TAB 0.25MG
ZORTRESS TAB 0.5MG
ZORTRESS TAB 0.75MG

What if I have more questions?

We want to make sure you understand the actions that you need to take in order to receive the highest level of benefit coverage for your medications. If you have any questions about this letter, please call 1-855-409-6999 (TTY 711). Representatives are available 24 hours a day, 7 days a week to assist you.

Sincerely,

OptumRx[®]

Optum Insurance of Ohio, Inc. is a Medicare approved Part D sponsor and administers this plan through its pharmacy benefit manager, OptumRx, on behalf of the State of Alaska Division of Retirement and Benefits. If you need this information in another language or alternate format (Braille, large print, audio), please contact OptumRx Member Services at the number located on the back of your ID card.