

Your Integrated Member Handbook has been updated

Appendix A- Pharmacy

Pages 89-94:

We have changed our Pharmacy Benefit Manager (PBM) and updated information.

- **Pharmacy Benefits Manager update, effective October 1, 2025:**

OptumRx is now our Pharmacy Benefit Manager. If you have any questions regarding your pharmacy benefits, call Member Services at **1-866-675-1607, TTY 711.**

Page 89

Pharmacy benefits

UnitedHealthcare Community Plan of Louisiana will work with OptumRx as our benefit manager to provide your pharmacy benefits. OptumRx will process your prescription claims, and manage your prescription coverage. If your drug does need prior approval, your doctor can request it for you. For all pharmacy related questions, you can contact Member Services at **1-866-675-1607, TTY 711.**

How to access pharmacy services?

For all pharmacy-related questions, you can contact Member Services Monday–Friday, 7 a.m.–7 p.m. at **1-866-675-1607, TTY 711.**

Pharmacy claims: OptumRx
 P.O. Box 650334
 Dallas, TX 75265-0334

For pharmacists: 1-866-328-3108
 Rx Prior Auth: 1-800-310-6826

You can start using your pharmacy benefit

For all pharmacy, prescription, or drug related information or questions, call Member Services at **1-866-675-1607, TTY 711.**

Page 90

Do you have a prescription?

When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your member ID card. You can also call Member Services at **1-866-675-1607, TTY 711**.

Copayments (cost sharing) will not exceed 5% of the Medicaid household income. Copays will stop once this monthly amount is met.

Otherwise, the listed copays apply based on the cost of medicine.

Prescription cost	Copay
\$5.00 or less, copay	= \$0.00
\$5.01 to \$10.00, copay	= \$0.50
\$10.01 to \$25.00, copay	= \$1.00
\$25.01 to \$50.00, copay	= \$2.00
\$50.01 or more, copay	= \$3.00

Page 91

What if you arrive at the pharmacy and do not have your member ID card?

If you do not have your member ID card, you can show the pharmacist the information below.

BIN: 610494

Processor Control Number (PCN): 4041

Group- ACULA

How to ask for grievances, appeals, and State Fair Hearings?

Pharmacy-related grievances

Member Services can help! If you need assistance or want to file clinical reconsideration, complaint or grievances related to pharmacy services, you may reach Member Services.

To file any appeal, you can call us at **1-866-675-1607, TTY 711** or you can send your appeal to:

UnitedHealthcare Community Plan
Attn: Grievances & Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131

Page 92

How to access the Preferred Drug List (PDL)

The PDL is available online at www.ldh.la.gov/HealthyLaPDL or can be mailed to Enrollees by calling Member Services at **1-866-675-1607**, TTY **711**.

Prior authorizations (PA)

OptumRx has robust systems and clinical experience. These things make sure members who are eligible can get the medicine that works best for them.

Prior authorization means approval is needed before you or your provider can get the medication. When prior authorization is required, OptumRx must approve the provider's request before you are able to fill your medication at your preferred, in-network pharmacy.

Page 93

Maintenance Medications

To find out which medicines are available with a 90-day supply, you can contact Member Services at **1-866-675-1607**, TTY **711**, Monday–Friday, 7a.m.–7p.m.

For more information speak with your doctor, pharmacist, or call Member Services at **1-866-675-1607**, TTY **711**.

Page 94

Over the counter (OTC) medications

Your pharmacy benefit also covers Medicaid approved over the counter (OTC) medications. An in-network provider must write you a prescription for the OTC medication you need. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription. OTC medications include:

- Insulin syringes, test strips, lancets, and urine test strips
- Smoking cessation products
- Antihistamines

There may be a copayment charge based on the cost of the medication. Copayments (cost sharing) are not to exceed 5% of the Medicaid household income. Copays will stop once the monthly threshold is met. For more information on co-payments see section 1.2. For a complete list of covered OTC medicines or call Member Services at **1-866-675-1607**, TTY **711**.