



HIV/AIDS Specialty Medications Exemption Form

If you are taking specialty medications as part of your HIV treatment regimen, you may be eligible for an exemption to using BriovaRx®, the OptumRx® specialty pharmacy. Specialty medications which may be eligible for this exemption include all medications used to treat HIV infection and medications used in combination with HIV treatment. Please check the applicable box[es] below, sign and date this form, and provide your name, address, telephone number, and member identification number where indicated and return to OptumRx. Or, you may call us at **1-866-803-8570**.

Mail: OptumRx, P.O. Box 2508, Mission, KS 66201

Fax: 1-855-873-2378

Email: BriovaRxContactUs@BriovaRx.com

- I am concerned about my privacy in connection with receiving medication packages where I live or work.
- I am concerned about the timing, accuracy or other problems with the delivery of my medications from BriovaRx.
- I am unable to effectively discuss my condition over the phone with BriovaRx due to an HIV-related neurocognitive disorder or other significant HIV-related impairment that is being monitored or treated.

If you checked any of the boxes above, please identify the network pharmacy where you want to get your eligible specialty medications and complete the information below. This will be the specific retail pharmacy you will use to pick up your eligible medication(s). (Note: You may contact us at any time with the name of a different network pharmacy that you want to use for your eligible specialty medications.)

PLEASE PRINT

Member Name: _____

Member Address: _____

Member Phone Number: _____

Member ID: _____

Date of Birth: _____

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone Number: _____

Signature

Date

OPTIONAL – Please help us serve you better

If you checked any of the boxes above, please explain your concerns: _____
