

Maine Bureau of Insurance
Bulletin 377
Any Willing Pharmacy Reporting Form
Network Administrators

E-mail your response as a PDF attachment to Barbra.L.Garboski@maine.gov.

Company Name:	OptumRx, Inc.
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___ Check here if your company does **NOT** provide or administer network pharmacy benefits in Maine.

A. Compliance Officer with Responsibility for Maine Pharmacy Operations:

Name:	Denise McCabe
Title:	Compliance Officer
Mailing Address:	1 Optum Circle
	Eden Prairie MN 55344
Direct Phone Number:	888-445-8745
Fax: Number	N/A
Email Address:	denise.mccabe@optum.com

B. Please identify any mail order pharmacies that participate in your network. (copy and paste table as needed for additional participant)

Name:	OptumRx
Mailing Address:	6800 West 115 th Street
	Suite 600
	Overland Park, KS 66211
Website:	www.optumrx.com

C: Pharmacy Contracting Contact Information:

Name:	Pharmacy Network Relations
Title:	Independent Contracting
Mailing Address:	1 Optum Circle
	Eden Prairie, MN 55344
Direct Phone Number:	
Fax: Number	844-305-2623
Email Address:	independent.contracting@optum.com

D. Please identify any pharmacy benefit administrators (PBMs) that administer pharmacy benefits through your pharmacy network. *(copy and paste table as needed for additional participant)*

Name:	PerformRx
Mailing Address:	200 Stevens Drive
	Philadelphia, PA 19013
Website:	https://www.performrx.com