

Save through a mail order pharmacy

If you take medications on an ongoing basis, you can save by using the mail order pharmacy.

- Get up to a 90-day supply for just one mail order copay
- Registered pharmacists are available 24 hours a day, 7 days a week
- Order refills online, by mail or by phone anytime day or night
- Refills are usually delivered within 3 to 5 days
- Standard shipping is free

Choose a convenient payment option

You can pay online by e-check, credit card, or through your health spending account.

You can call pharmacy services, toll-free, at **1-800-903-6228** (TTY users call **1-800-759-1089**) for help with your order.

How to start using the mail order pharmacy

Ask your doctor to write a new prescription for up to a 90-day supply, plus refills for up to one year, if appropriate. He or she can fax or send it as an e-prescription.

Or, you can complete the Pharmacy Mail Order Form in this booklet. You can also find this form at **Highmarkbcbs.com**. Click on Important Forms under the Helpful Hints link at the bottom of the page. You can then find the form needed under the Prescription Drug Forms section.

Be sure you have enough medications on hand (at least a 14-day supply) to cover your needs until your order is confirmed, processed, and mailed.

You can mail your completed form to:

Express Scripts
Home Delivery Service
P.O. Box 74700
Cincinnati, OH 45273

Learn more online

Your member website, **Highmarkbcbs.com**, has helpful information about your prescription drug program, along with easy-to-use tools to manage your benefits and prescriptions. Once you are a member, you can log in to:

- Find pharmacies in your plan's network
- Check to see if prescription drugs are on your formulary and covered by your plan
- Submit mail order refills and check on order status
- Learn about low-cost generic options
- Compare cost savings with mail order
- Get forms to manage your coverage
- Find answers to common questions about your benefits and prescriptions

Protecting your safety and privacy

We check for potential interactions and drug allergies to minimize risks when you take medication. We are committed to protecting your safety and privacy. We will also consult with your doctor to find appropriate drugs that will save you money on your plan.

Your plan may have coverage limits

If you submit a prescription for a drug that has coverage limits, we will tell you, in writing, that you need approval before the prescription can be filled.

Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M F

Patient's relationship to member

 Self Spouse Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M F

Patient's relationship to member

 Self Spouse Dependent

Doctor's last name

1st initial

Doctor's phone number

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan (not a 30-day supply), plus refills for up to 1 year, if appropriate. Also, ask your doctor or pharmacist about safe, effective, and less expensive generic drugs.

Complete the Health, Allergy & Medication Questionnaire.

There may be a limit to the balance that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the phone number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.

Express Scripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise.

Check the box if you do not wish a less expensive brand or generic drug.

Please note that this applies only to new prescriptions and to any refills of that prescription.

For additional information or help, visit us at Express-Scripts.com or call Member Services at the phone number found on your ID card. TTY/TDD users should call 1.800.759.1089.

Federal law prohibits the return of dispensed controlled substances.

FOLD HERE

FOLD HERE

Place your prescription(s), this form, and your payment in the envelope provided. Be sure the address shows through the window. Do not use staples or paper clips.

EXPRESS SCRIPTS
PO BOX 747000
CINCINNATI, OH 45274-7000

