

What is “Prescriptions By Mail”?

Express Scripts Prescriptions By Mail allows you to get prescription medications delivered directly to your home via the U.S. Postal Service. You can receive up to a three-month (90-day) supply of maintenance medications at a reduced copayment. A **maintenance medication** is any prescription drug needed to treat chronic or long-term conditions.



Who can get prescriptions by mail?

Any Health Net member who is currently taking a maintenance medication may enroll in the Express Scripts Prescriptions By Mail program.

SPECIAL LIMITATIONS

- Newly prescribed medications must first be filled at a retail pharmacy.
- Certain controlled substances may be subject to **dispensing limitations**. This means that they are not available through mail order since they can't be filled for the full 90-day supply.

- Some drugs may require prior authorization to be covered. Your doctor must submit a Prior Authorization request to Health Net before the drug is eligible for coverage. For a list of drugs requiring Prior Authorization, log on to www.healthnet.com > *View Prescription Coverage > Your Drug List*.

How to enroll

Ask your physician for two prescriptions: One for a 30-day supply you can obtain through a retail pharmacy and a 90-day supply for mail order. Have your 30-day supply filled immediately.

First time applicants please complete and mail the attached form with your 90-day prescription. Express Scripts will mail your prescription before you run out of your 30-day supply.

Use the provided pre-addressed envelope to mail the completed order form, original prescriptions (no photocopies) and your copayments or coinsurance payments.

Note: Copayments must accompany the order form and can be made by check, money order, Visa, MasterCard, Discover or American Express.

TIP: Don't forget to write "Health Net", your name, address, member I.D. and phone number on the back of your prescription. Doing so will ensure that if it gets separated from the enrollment form Express Scripts will know how to contact you.

IMPORTANT NOTES

- By law, Express Scripts can only fill your prescription with the quantity indicated. **Make sure your doctor writes a prescription for a 90-day supply.**

- Examine the prescription for the proper dosage, as well as the doctor's signature, state license number and DEA number.
- Complete both the order form and the patient profile questionnaire. The patient profile will only need to be completed with your first order. List all allergies (drug sensitivities) and health conditions. Answer "none" if none applies.

After you enroll

You will receive your medication within 14 days after you mail your order form and prescription. More time may be needed if your prescription requires prior approval. You will receive a generic medication whenever one is available.


Prescriptions will be delivered to your home **free** of postage and handling charges. There is a charge for overnight mail service.

Refills can be ordered 24 hours a day, seven days a week. Place your refill order at least two weeks prior to the time your current supply of medication runs out. There are three ways to order refills:

- 1) **By Mail:** Enclose the bar-coded Refill Request(s) delivered with your order.
- 2) **By Telephone:** Call 1-866-265-9455 (en espanol, 1-866-265-9456) and have your credit card handy.
- 3) **Online:** Go to www.express-scripts.com, click on "Activate your account" and register for access to the website.

Only the refills authorized by your physician can be filled by an Express Scripts pharmacist.



Member information				YMX / HN4
Print member ID number in boxes (located on ID card)				
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent				
First name				<input checked="" type="checkbox"/> Male
Last name				<input checked="" type="checkbox"/> Female
Date of birth	MM / DD / YYYY			
Mailing address (please do not use P.O. Box)				
City				
State	ZIP code			
Phone number				
Allergies:				
<input checked="" type="checkbox"/> None (00) <input checked="" type="checkbox"/> Codeine (04) <input checked="" type="checkbox"/> Erythromycin (09)				
<input checked="" type="checkbox"/> Penicillin (01) <input checked="" type="checkbox"/> Tetracycline (07) <input checked="" type="checkbox"/> Sulfa (15)				
<input checked="" type="checkbox"/> Aspirin (03) <input checked="" type="checkbox"/> Other _____				
Health conditions:				
<input checked="" type="checkbox"/> None (00) <input checked="" type="checkbox"/> Depression (311) <input checked="" type="checkbox"/> Hypertension (401.90)				
<input checked="" type="checkbox"/> Asthma (493.90) <input checked="" type="checkbox"/> Glaucoma (365.9) <input checked="" type="checkbox"/> Thyroid: HIGH (242.9)				
<input checked="" type="checkbox"/> Arthritis (716.90) <input checked="" type="checkbox"/> High cholesterol (272.0) <input checked="" type="checkbox"/> Thyroid: LOW (244.9)				
<input checked="" type="checkbox"/> Diabetes (250.0) <input checked="" type="checkbox"/> Other _____				
Doctor's last name				
Doctor's phone number (very important)				
Child-proof safety cap is standard.				
<input checked="" type="checkbox"/> Check here if you would like your prescriptions dispensed with NON-CHILD-RESISTANT (easy-open) caps.				

