

Mail Order Pharmacy

The Mail Order Pharmacy Saves You Time and Money



You can get 90-day prescriptions for certain maintenance medications delivered right to your door, and for a fraction of the cost, when you order them through the mail order pharmacy. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes.

Advantages of Using the Mail Order Pharmacy

- You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications
- Medications are shipped to you at no additional cost for standard shipping
- With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose
- Get your prescriptions on time, every time with automatic refills

How to Order Prescriptions

Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door. To order prescriptions, choose one of the following options. In most cases, Express Scripts will contact your doctor directly to arrange 90-day prescriptions, plus refills.

- Visit Express Scripts at express-scripts.com/starthd, and select **Register**
- Download the Express Scripts mobile app and select **Register**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)
- Ask your doctor to e-prescribe a new, 90-day prescription to Express Scripts, or fax it to 1-800-837-0959
- Fill out the order form* and mail it to:
Home Delivery Service
PO Box 66566
St Louis, MO 63166-9967

How to Order Refills

- Log in to Express Scripts at express-scripts.com, select the medications to be filled, then click **Add to Cart**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376), 24 hours a day

Have Your Prescriptions Refilled Automatically

Worry Free Fills® are available for qualifying maintenance medications. When enrolled, Express Scripts will calculate when you'll need your prescriptions and deliver them on time. They'll contact you before processing each fill to confirm delivery, and the delivery date. Enroll in Worry Free Fills by choosing one of the following methods:

- Visit Express Scripts at express-scripts.com, and select **Automatic Refills**
- When refilling a prescription, answer yes when asked to enroll in Worry Free Fills
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)

Save up to
33%

When you use the mail order pharmacy.**

*You can download and print a copy of the mail order form at express-scripts.com.

**Compared to three 30-day prescriptions purchased at a retail pharmacy.

What to Do in Emergency Situations

When you need medication immediately, have your prescription filled at a local pharmacy. If you need medication immediately, but will be taking it on an ongoing basis, you can ask your doctor to write a second prescription (up to a 90-day supply) and send this to Express Scripts right away.

Find Out If a Medication Is Covered by Your Plan

To see if a medication is covered by your plan, or to find out if it's subject to Prior Authorization, Quality Care Dosing, or Step Therapy, use our Medication Lookup tool by logging in to MyBlue at bluecrossma.com/myblue. You can also call Member Service at the number on the front of your ID card.

Mail Order Pharmacy Questions

Call Express Scripts customer service 24 hours a day, 7 days a week at 1-800-892-5119 (TTY: 1-800-305-5376).

Answers to Your Questions

How do I determine my out-of-pocket costs?

- Log in to your Express Scripts account at express-scripts.com, click **Prescriptions** under **Price a Medication**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)

Will I get brand-name or generic prescription medications?

You and your doctor can decide what's best for you. Where permitted by applicable law, FDA-approved generic equivalents may be dispensed when appropriate and permitted by your doctor. These generic medications may save you money.

My doctor requested a brand-name medication. Why did my order contain a generic version?

If the brand-name medication that was prescribed by your doctor wasn't designated brand-name only, and has a preferred generic equivalent, Express Scripts will automatically dispense the generic version. If your medication was designated as brand-name only and you received the generic equivalent instead, it's because Express Scripts contacted your doctor and received your doctor's permission to dispense the preferred generic equivalent.

Nondiscrimination Notice & Translation Resources

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

Why isn't my medication available through the mail order pharmacy?

Certain medications that require immediate administration or are used for short periods of time aren't available through mail order. In addition, some specialty medications are only available through specialty pharmacies.

Please Note:

Certain prescribed medications may be subject to other dispensing limitations and to the professional judgment of the pharmacist. If you have any questions regarding your medication, please call Express Scripts customer service at 1-800-892-5119 (TTY: 1-800-305-5376).

It's the patient's responsibility to report to Express Scripts any changes in drug allergies, health conditions, chronic diseases, and drug sensitivities.

Prescription information about members and dependents is used by Express Scripts to administer your prescription program. As part of the administration, Express Scripts reports that information to Blue Cross Blue Shield of Massachusetts. Express Scripts also uses the information and prescription data gathered from claims submitted nationwide for reporting and analysis, without identifying individual patients in accordance with applicable laws.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



MASSACHUSETTS

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Express Scripts Medication Mail Order Form

- ▶ **To order online:** visit express-scripts.com/starthd, select "Register"
 - To order by phone:** call 1-800-892-5119 (TTY: 1-800-305-5376)
 - To order using e-prescribe:** ask your doctor to e-prescribe your prescription, or fax it to 1-800-837-0959
 - To order by mail:** complete this form using capital letters and black ink, then mail it, along with a 90-day prescription (or the maximum supply allowed) to:
Home Delivery Service
PO Box 66566, St Louis, MO 63166-9967
- NOTE:** No cost standard shipping is included on all mail orders.



1041

PATIENT 1 (CARDHOLDER)

ID Card Number

First Name MI Date of Birth (MM/DD/YYYY)

Last Name Gender M F

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

Shipping Address 2

City State

Zip Code Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

Please select one as your preferred telephone number

- Daytime Phone () -
- Evening Phone () -
- Cell Phone () -

Doctor/Prescriber Last Name Doctor/Prescriber Phone Number

PATIENT 2

First Name MI Date of Birth (MM/DD/YYYY)

Last Name Gender M F

Email

Doctor/Prescriber Last Name Doctor/Prescriber Phone Number

PAYMENT

All individuals included in the family will be charged to this credit card.

Apply to this order only Apply to all orders

Check Card Credit Card Check / Money Order

Card #

Sign here to authorize card payment

Amount Enclosed \$.

Exp. Date (MM/YY) /

Detach Here

Detach Here

For all orders after 08/01/2011, use this form. Fold and tear off this piece before putting in the return envelope.



1042

REMINDER: This section must be removed before mailing.

Patient 1 (Cardholder)		Patient 2		
Name: _____		Name: _____		
<input type="radio"/> I want non-child resistant caps, when available.		<input type="radio"/> I want non-child resistant caps, when available.		
Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>		Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>		
DRUG ALLERGIES	List other Allergies here:	<input type="radio"/> No Known Allergies Acetaminophen/Tylenol® Amoxicillin Aspirin Cephalosporin (i.e., Keflex®, Cephalexin) Codeine Erythromycin, Biaxin®, Zithromax® NSAIDs (i.e., Ibuprofen, Naproxen) Oxycodone (i.e., OxyContin®, Percocet®) Penicillin Sulfa Tetracycline (i.e., Doxycycline, Minocycline)	List other Allergies here:	
	HEALTH CONDITIONS	List other Health Conditions here:	<input type="radio"/> No Known Health Conditions Arthritis (715.9) Asthma (493.9) Chronic Bronchitis or Emphysema (496) Depression (311) Diabetes Type I (250.01) Diabetes Type II (250.00) Epilepsy/Seizures (345.9) GERD (530.81) Glaucoma (365.9) High Cholesterol (272.9) Hormone Replacement Therapy (627.9) Hypertension (401.9) Thyroid: Low (244.9)	List other Health Conditions here:
		List other OTC that you take on a regular basis:	<input type="radio"/> No Over-the-Counter Medications Acetaminophen/Tylenol® Advil®/Aleve®/Motrin® Aspirin/Excedrin®	List other OTC that you take on a regular basis:
		List Medical Devices here:	<input type="radio"/> No Medical Devices Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	List Medical Devices here:
		List other Prescription Medications here:	<input type="radio"/> No Other Prescriptions Prescription Medications not filled through Express Scripts Pharmacy.	List other Prescription Medications here:

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required _____

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.