

EXPRESS SCRIPTS Mail Service for UK Health Plan Members

Getting Started

You will need to sign-up on the internet or fill out a “paper” mail order form.

- **Internet** – go to <http://www.express-scripts.com> and click on “for members” to create a user name and pass word. Follow on-line instructions.
- **Paper** - Mail order forms (also called patient profiles) are available from UK Benefits or EXPRESS SCRIPTS. This form must be sent with, or prior to, your first prescription order.

Sending in Your Prescriptions

The best way to get started is to **mail** in your prescriptions to EXPRESS SCRIPTS. Your physician may want to write two prescriptions; one for you to send to EXPRESS SCRIPTS and one for a local supply. This ensures that you will have ample medication while the initial mail order prescription processes. Please allow 2-3 weeks for the initial mail order fill.

Although mailing the prescription to the EXPRESS SCRIPTS Mail Pharmacy Service is preferred and encouraged, there are three options available for submitting a new prescription to the EXPRESS SCRIPTS mail order facility, **once your initial mail order form or on-line form has been submitted:**

1. The ‘hard copy’ original prescription may be mailed to the pharmacy at:

**EXPRESS SCRIPTS Inc.
Mail Pharmacy Service
PO Box 8545
Bensalem, PA 19020-9381**

2. Your physician may fax the prescription to the mail order facility (**1-800-636-9494**)
3. Your physician may phone-in the prescription information. (**1-800-231-6088**)

NOTE: Faxed or phoned-in prescriptions are only acceptable from a physician/physician’s office.

Specific information must be noted on a prescription to ensure smooth processing. The minimum required information is:

- Member name
- Member ID (social security #, OR the ten digit ID number on back of your EXPRESS SCRIPTS ID card)
- Drug name
- Drug strength
- Directions
- Quantity
- Days Supply
- Physician's Name
- Physician's DEA number
- Physician's Address and Telephone Number
- Physician's Signature

Faxed prescriptions must also include the following additional information:

- Physician's fax number
- Time and date
- Complete name of person faxing the prescription. No initials.

In order to receive the maximum quantity from mail order, **prescriptions should be written for a 90 days supply.**

If the mail order facility receives a mailed prescription which is missing required information, the pharmacy will make every attempt to contact the physician. If there is not sufficient physician information, the script will be returned to the member with a letter.

If a faxed prescription is received without sufficient information, the prescription is faxed back to the originating fax number with notification of the missing data.

Refilling Your Prescriptions

You may place refill orders online via the EXPRESS SCRIPTS web site <http://www.express-scripts.com>, or by contacting the EXPRESS SCRIPTS Call Center at 1-877-242-1864 (for non-Medicare members) or 1-888-787-2437 (for Medicare Rx members), or by mailing in the refill request form that you received with your initial prescription order. Please review the refill and/or renewal slips enclosed in each order for the next refill date.

Returned Prescriptions

Your prescription may be returned to you if certain situations occur, such as eligibility problems, drug not covered, prior authorization required, or having an outstanding balance. Returned prescriptions are accompanied by a letter which states the reason for the return of the prescription and any steps taken by EXPRESS SCRIPTS to resolve the situation. UK Health Plan members may contact EXPRESS SCRIPTS at 1-877-242-1864 (non-Medicare) or 1-888-787-2437 (Medicare Rx) if additional information is required.

Shipping

General Information

- EXPRESS SCRIPTS Patient Care Advocates cannot guarantee a ship date for an order. The EXPRESS SCRIPTS mail order system tracks all orders as they pass each specific edit. EXPRESS SCRIPTS employees can view the location of the order and approximate a ship date. Variances in the 'days-to-ship' estimate (from a member's morning inquiry and then an afternoon inquiry) may be due to a prescription hitting an edit that requires intervention after the original time estimate was given. Intervention may add days to the 'days-to-ship' estimate. EXPRESS SCRIPTS Patient Care Advocates are coached to advise the member that a ship date is an estimate and to focus on ensuring that the member has an ample supply of medication. The standard turn around time quoted is 3-5 days.
- Medications dispensed by the mail order facility for dependents under the age of 18 are addressed to the primary card holder.
- Members receiving orders which require signature at delivery (overnight delivery, iced medications, controlled substances, etc) must have a street address on file. Addresses which contain only a PO Box number do not support the requirements for signature required and will be returned to EXPRESS SCRIPTS.
- EXPRESS SCRIPTS is unable to ship prescription orders outside of the US.
- Not all medications are appropriate for mail order dispensing. Critical care medications, liquid nutritional supplements and complex compounds are examples. The EXPRESS SCRIPTS Call Center can assist members with determining the availability of a drug from mail order.

Special Shipping

- Special shipping (overnight delivery) may be requested by members. The standard charge for special shipping is \$18.00, if requested by the member. In the case of escalated situations, or drugs requiring special shipping, EXPRESS SCRIPTS will absorb the special shipping cost.
- Please note that “next day” or “overnight delivery” does not imply that the member will receive the prescription the **next day**. “Next day” or “overnight delivery” is the shipping method which will be used once the prescription has been dispensed and packed.
- Destination of the package and package pickup times may affect which special delivery vendor is used. The most appropriate special delivery vendor will be selected (FedEx, UPS, etc).

Drug-Specific Special Shipping

EXPRESS SCRIPTS works actively with drug manufacturers and shipping vendors to ensure that the integrity of every medication is maintained during shipping. EXPRESS SCRIPTS’ packaging and mailing guidelines are in accordance with manufacturer’s recommendations and adhere to FDA mandates.

*Insulin

Dependent on the time of year and the destination of the medication, EXPRESS SCRIPTS will ship insulin by overnight delivery or by second day delivery. Every order of insulin includes a copy of the EXPRESS SCRIPTS insulin shipping policy.

*Iced Meds

Medications which require controlled temperature during shipping are packed in an *Xpanderpack*. The *Xpanderpack* contains the medication and an ice pack. When ready for shipping, the *Xpanderpack* is sealed, inflated and placed inside the standard mailer. Members will find the medication inside the *Xpanderpack*.

Patient Counseling

EXPRESS SCRIPTS has registered pharmacists available 24 hours a day, 365 days a year.

During business hours members can be transferred to an EXPRESS SCRIPTS pharmacist for general patient counseling regarding medications dispensed from

the mail order pharmacy. On-call pharmacists are available during non-business hours and will return the member's call within approximately 2 hours.

Accounts Receivable

Payment

EXPRESS SCRIPTS requires payment prior to the shipment of a prescription drug order. There are two acceptable methods of payment for mail service orders:

- **Preferred** - a valid credit card number documented on the customer profile (VISA, MasterCard, Discover card, or American Express)
- **Alternate** - a check sent along with each order or sent at the time a fill/refill is requested

Copay Exception

An account balance/copay threshold is set for all outstanding balances at mail order. The limit is \$150 for accounts without a credit card on file and \$250 for accounts with a credit card on file. Orders which exceed the copay limit will be forwarded to the exceptions area for resolution. EXPRESS SCRIPTS will contact the member, inform of the copay cost and confirm that the order should be released. The copay exception call is a courtesy call and may be omitted during periods of high volume at the mail order.

Invoices vs. Monthly Statements

Detailed invoices are included in each mail order. The name of the drug dispensed, the copay passed, the payment received, and the account balance is noted on the invoice.

Monthly statements are generated for accounts with an outstanding balance of more than \$5. Monthly statements are addressed and sent to the primary card holder.

Non- payment

Prescriptions will not be dispensed on accounts with past due balances in excess of \$40 and older than 90 days. Fills/refills requested on accounts such as this are flagged and routed to an exceptions area for resolution. The member is contacted and once payment is received the order is released to process. If the

copayment is not received, the member is informed by mail that a payment is required.

Credit Balances

Credit balances may be used toward future prescription orders, credited to a credit card on file, or reimbursed in the form of a check. Credit card requests require approximately 1 week to process. A check reimbursement is processed and mailed within 2 weeks of the request. An additional 5 to 7 days should be allowed for mail delivery.

Replacements

Partial Replacements

Prescriptions which are shorted tablets or capsules, or contain damaged tablets or capsules, will have the shorted/damaged quantity replaced, if reported within 60 calendar days from the date the order shipped. For other dosage forms (e.g. inhalers, nasal sprays, etc.) shortages must be reported within 30 calendar days from the date the order is shipped.

If a replacement is requested because the member was shorted medication as a result of an input error, the member will not be charged a second copay unless the member has a percentage copay and the quantity being requested is more than what was originally dispensed. In these instances, the member will be charged for the amount of additional medication being dispensed.

Full Replacement

If an entire order is not received, the member should contact EXPRESS SCRIPTS Customer Service at 1-877-242-1864 (non-Medicare) or 1-888-787-2437 (Medicare Rx). Orders shipped via the US postal service can be replaced no sooner than 12 days after the original ship date, but before 45 days of the original ship date. Orders shipped via an expedited shipping method can be replaced within 12 hours after the scheduled delivery time, if package tracking fails to locate the order.

EXPRESS SCRIPTS will process the replacement request as an early refill and the member will be charged the appropriate copay. In addition, one refill will be deducted from the remaining refills listed on file in the ESI mail service pharmacy. If the prescriptions in the order do not have any remaining refills, the pharmacy will contact the doctor's office for approval. A letter will be sent to the member outlining the procedure.



Instructions for Placing Your Order for Non-Medicare Participants

To Mail This Order:

1. Complete or verify the Patient Information section of the order form.
2. Obtain a written prescription from your doctor. Make sure your doctor writes the prescription for up to a 90-day supply of your medication (or for the maximum days supply allowed by your benefit). The prescription should include refills for up to one year, if appropriate.
3. Write the patient's name, ID number, address and date of birth on the prescription.
4. Attach your written prescription to the form as indicated.
5. Mail the order form and written prescription to the address below:
Express Scripts, Inc.
P.O. Box 8545
Bensalem, PA 19020-9381

To Have Your Doctor Fax This Order:

If you do not have a written prescription in hand, you can bring this order form to your doctor. Your doctor can then attach your new prescription and fax your order.

Please note that your order **must** be faxed from your **doctor's office**. Faxes sent from other locations (such as your home or workplace) cannot be accepted.

To have your doctor fax your order:

1. Complete or verify the Patient Information section of the order form
2. Ask your doctor to attach your new prescription as indicated. Your doctor can then fax your order to:
Express Scripts, Inc.
1-800-636-9494

Note: We cannot accept prescriptions for Schedule II controlled substances by fax. All prescriptions for these medications must be mailed.

Ordering Refills Is Quick and Easy!

Return to www.express-scripts.com in two months to order your refill.

Div Code: **KYU**

Type: **New**



PRESCRIPTION ORDER FORM

Fax to: 1-800-636-9494

Patient Information	
Member ID _____	Allergies _____
Patient Name _____	_____
Address _____	_____
_____	Medical Conditions _____
_____	_____
Phone _____	_____
E-Mail _____	Other _____
Date of Birth _____	_____
Handling Instrs _____	_____

Attach Prescription Here

Mail to:
Express Scripts, Inc.
P.O. Box 8545
Bensalem, PA 19020-9381

Fax to:
Express Scripts, Inc.
1-800-636-9494
Fax **must** be sent from **doctor's office**.

We cannot accept Schedule II Controlled Substances by fax. All prescriptions for these medications must be mailed.

For Prescriptions Written in the State of New York: New York state law prohibits the faxing of prescriptions for controlled substances or syringes. To receive these items, you must mail a new written prescription to Express Scripts for each order.

To provide you with costs savings, we will dispense FDA-approved generic medications when allowed by your physician, subject to terms outlined in your plan. **IMPORTANT CONFIDENTIALITY NOTICE:** This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



Instructions for Placing Your Order for UK Medicare Prescription Participants

To Mail This Order:

1. Complete or verify the Patient Information section of the order form.
2. Obtain a written prescription from your doctor. Make sure your doctor writes the prescription for up to a 90-day supply of your medication (or for the maximum days supply allowed by your benefit). The prescription should include refills for up to one year, if appropriate.
3. Write the patient's name, ID number, address and date of birth on the prescription.
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EXPRESS SCRIPTS®

PRESCRIPTION ORDER FORM

Fax to:

1-800-636-9494

Patient Information	
Member ID _____	Allergies _____
Patient Name _____	_____
Address _____	_____
_____	Medical Conditions _____
_____	_____
Phone _____	_____
E-Mail _____	Other _____
Date of Birth _____	_____
Handling Instrs _____	_____

Attach Prescription Here

Mail to:
 Express Scripts, Inc.
 P.O. Box 8545
 Bensalem, PA 19020-9381

Fax to:
 Express Scripts, Inc.
 1-800-636-9494
 Fax **must** be sent from **doctor's office**.

We cannot accept Schedule II Controlled Substances by fax. All prescriptions for these medications must be mailed.

For Prescriptions Written in the State of New York: New York state law prohibits the faxing of prescriptions for controlled substances or syringes. To receive these items, you must mail a new written prescription to Express Scripts for each order.

To provide you with costs savings, we will dispense FDA-approved generic medications when allowed by your physician, subject to terms outlined in your plan. **IMPORTANT CONFIDENTIALITY NOTICE:** This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.